

TOOLKIT: HOW TO CONTACT YOUR LEGISLATORS



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WHY CONTACT YOUR LEGISLATORS?

A well-articulated personal letter, email, postcard, or phone call are some of the most effective ways to communicate with elected officials. They want to know how their constituents feel about issues, especially when those issues involve decisions around potential legislation. There are several reasons why contacting your legislators is valuable, including:

- To explain to an official how a particular issue affects you or your group.
- To demonstrate that constituents are aware of an issue and have a real interest in the outcome.
- To educate an official about an issue or situation, giving background and history that they may not have.

STATE AND NATIONAL SUBSTANCE-USE RELATED ISSUES

There are a number of state and national level legislative issues relating to substance use and misuse that you can highlight in a letter, email, or phone call to your elected officials, including:

- **State & National Issues:**
 - **Medical Marijuana Legalization** - In recent years there has been a growing effort to legalize medical marijuana. Learn more about the realities of medical marijuana legislation and get facts to share with your elected officials on the *Marijuana Fact Sheets on pgs. 10-13*.
 - Smart Approaches to Marijuana (SAM) tracks national legislation. Visit www.learnaboutsam.org and click on "TAKE ACTION NOW" to find current legislation and how to get involved.
 - **Kratom** - Kratom is a tropical tree native to Southeast Asia. When consumed, the leaves have effects similar to opioids and stimulants and can lead to addiction, negative health outcomes, and overdose. Kratom is currently legal in Idaho, and our state has the highest Kratom exposure rate in the country. Learn more about Kratom, related legislation, and get facts to share with your elected officials on the *Idaho Kratom Use Fact Sheet on pg.14*.

HOW DO YOU CONTACT LEGISLATORS?

Here are five steps to effectively contact and communicate with your to your legislator:

STEP 1: IDENTIFY YOUR LEGISLATORS

You can find out who represents you (and their email, phone number, and mailing addresses) by typing your home address into the *Who's My Legislator?* tool on the Idaho Legislature website (www.legislature.idaho.gov).



The screenshot shows the Idaho Legislature website. The header includes the Idaho State Seal, the text "The official website of the Idaho Legislature", and a navigation menu with "STATE OF IDAHO" and "WHO'S MY LEGISLATOR?". Below the header is a secondary navigation menu with links for "SENATE", "HOUSE", "COMMITTEES", "LEGISLATORS", "LAWS/RULES", "LEGISLATIVE SESSIONS", and "LIVE AUDIO/VIDEO STREAMING". The main content area is titled "Legislative Services Office" and "Who's My Legislator?". Below this is a text input field with the placeholder "Enter street address followed by zip code (i.e., 700 W. Jefferson, 83420), and click Find. You may also click on the map to determine who the State Senator and House Representatives are for that location, or contact your [county clerk](#) for official legislative district information." A map of Idaho is shown below the text, with a red box highlighting the "Who's My Legislator?" tool and a red arrow pointing to the input field.

STEP 2: CHOOSE YOUR METHOD OF COMMUNICATION

Decide whether you want to contact your legislator via mail, email, or phone. All three methods can effectively communicate your thoughts and concerns as a constituent. Some may feel a handwritten letter is more personal, an email more convenient, or a phone call more immediate. The method of communication can depend on your preference and how quickly you want the message to reach your legislator – with phone calls and emails tending to be faster than mail.

STEP 3: FORMULATE YOUR MESSAGE

These tips will help increase the effectiveness of your letter or email:

- **OPEN IN AN OFFICIAL MANNER.**
 - If you are writing a letter to an elected official, show respect for the position by using the title of the office, and the official's full name. Example:
Date
Title [Name of Representative or Senator]
Office Address
City, State, Zip Code
 - If you are writing an email, use their full title. Example:
Dear Representative [First and Last Name]
- **KEEP IT BRIEF.** Letters/emails shouldn't be longer than one page and should be limited to one issue.
- **EXPLAIN WHO YOU ARE AND THE PURPOSE FOR YOUR LETTER/EMAIL UP FRONT.** In the first paragraph, tell your legislators that you are a constituent and identify the issue about which you are writing.
- **PERSONALIZE YOUR CORRESPONDENCE.** Describe how this issue impacts you and others. Tell your elected official why this issue matters in their community or state. If you have one, include a personal story that shows how this issue affects you and your family. A constituent's personal stories can be very persuasive as your legislator shapes his or her position.
- **WHAT ARE YOUR THREE MOST IMPORTANT POINTS?** Choose the three strongest points that will be most effective in educating legislators about the issue and flesh them out. Statistics can be helpful (*see Fact Sheets and Talking Points on pg. 9*)
- **REMEMBER - YOU ARE THE EXPERT.** Remember that your legislator's job is to represent you. You should be courteous and to the point, but don't be afraid to take a firm position.

STEP 3: CLOSE AND SIGN YOUR LETTER/EMAIL

Thank the official and sign your full name. Make sure your address and phone number are included.

STEP 4: CHECK FOR SPELLING AND GRAMMATICAL ERRORS

Don't forget to check for mistakes. It can help to read the letter out loud to yourself, have someone proofread it for you, or use the spelling & grammar tools in Microsoft Word.

STEP 5: SEND YOUR LETTER OR EMAIL

Ensure that the names and email or physical addresses are correct. Send the email/put a stamp on the envelope and put the letter in the mail.

COMMUNICATION TEMPLATES

SAMPLE LETTER

January 10, 2021
Representative [OR] Senator Jane Doe
PO Box 1234
Idaho City, Idaho, 83000

Dear Representative [OR] Senator _____,

As a constituent, I am writing to you to let you know how I feel about medical marijuana in the state of Idaho.

For the marijuana industry, medical legalization is the surest way to achieve full legalization. Legalizing medical marijuana brings many of the same consequences as recreational legalization, including increases in experimentation and exposure of youth and young adults. Additionally, while pain is one of the most commonly reported qualifying conditions in “legal” states, scientific evidence suggests that marijuana fails to mitigate pain and that adults with pain are actually increasingly vulnerable to adverse cannabis use outcomes and are more often reported struggling with Cannabis Use Disorder.

Regular marijuana use is increasing across Idaho. According to the National Survey on Drug Use and Health, the number of Idahoans using marijuana within the past 30-days increased by 55% between 2012-2018. Furthermore, the 2019 Youth Risk Behavior Survey found that 17% of Idaho youth (9th-12th graders) reported using marijuana in the past 30 days.

As a [resident, teenager, parent, student] in Idaho, I’m concerned about how increasing marijuana use and potential legalization of medical marijuana could impact the health and wellbeing of fellow Idahoans. [Share a personal experience if able and comfortable].

Thank you for taking the time to read my letter and consider my opinion. [Optional - Please feel free to contact me if you would like to discuss this issue further.]

Sincerely,

John Doe
123 Idaho Lane
Idaho City, Idaho, 83000
(208) 123-4567

SAMPLE EMAIL

Message Subject: [What is the issue you are writing the elected official about]

Dear Representative [OR] Senator Jane Doe,

I write to you today to share my concerns about medical marijuana in the state of Idaho.

For the marijuana industry, medical legalization is the surest way to achieve full legalization. Legalizing medical marijuana brings many of the same consequences as recreational legalization, including increases in experimentation and exposure of youth and young adults.

Regular marijuana use is increasing across Idaho. According to the National Survey on Drug Use and Health, the number of Idahoans using marijuana within the past 30-days increased by 55% between 2012-2018. Furthermore, the 2019 Youth Risk Behavior Survey found that 17% of Idaho youth (9th-12th graders) reported using marijuana in the past 30 days.

Today's high-potency marijuana is addictive, linked to serious mental health illnesses such as anxiety, depression, and psychosis, and lowers educational outcomes for those who use it heavily. As a [resident, teenager, parent, student] in Idaho, I'm concerned about how increasing marijuana use and potential legalization of medical marijuana could negatively impact the health and wellbeing of fellow Idahoans. [Share a personal experience if able and comfortable].

Thank you for your time.

Sincerely,

John Doe
123 Idaho Lane
Idaho City, Idaho, 83000
(208) 123-4567

SAMPLE PHONE CALL

Here's how to prepare and what to expect.

Prior to the call

- Before making the call, take a few minutes to gather your thoughts and prepare what you want to say.
- Review the specific issue page to further familiarize yourself with the issue.

During the call

- Expect to speak with a staff member, not your representative, and be prepared to provide your name, hometown and, possibly, your zip code.
- Be concise and make your points clearly.
- Always be polite in both tone and language.
- Explain why you are calling and what concerns you would like your legislators to be aware of.
- When possible, discuss the issue from a personal perspective — sharing your own experience or that of a family member or friend is especially powerful.
- Thank the staff member for taking the time to talk with you.
- Remember: Although you spoke with a staff member, your views will be conveyed to your representative.

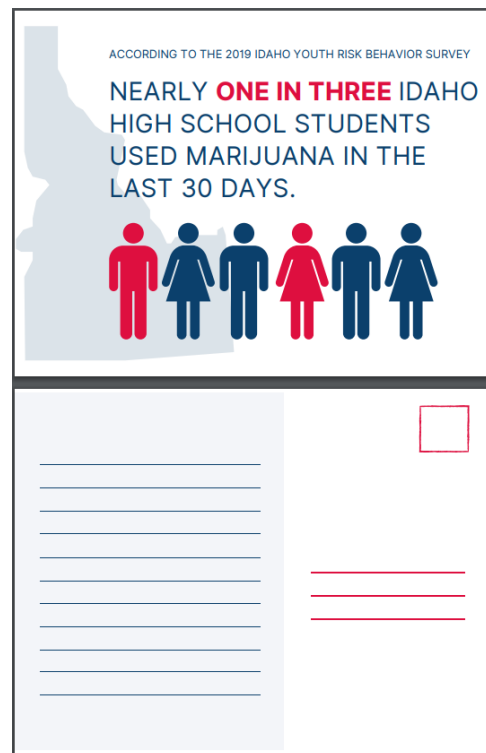
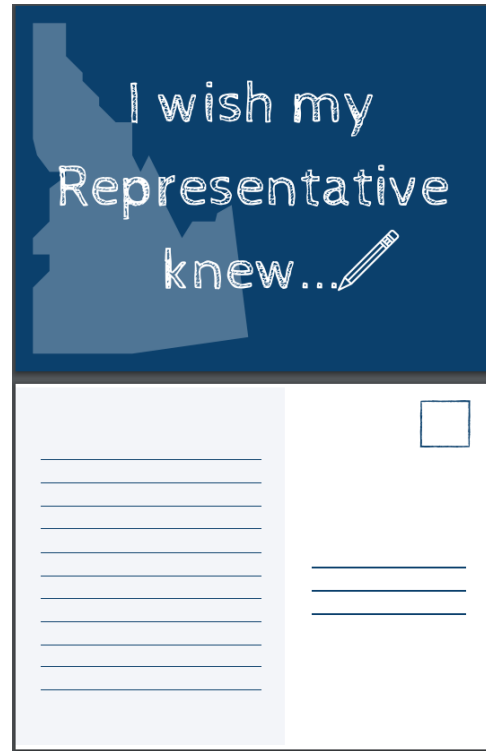
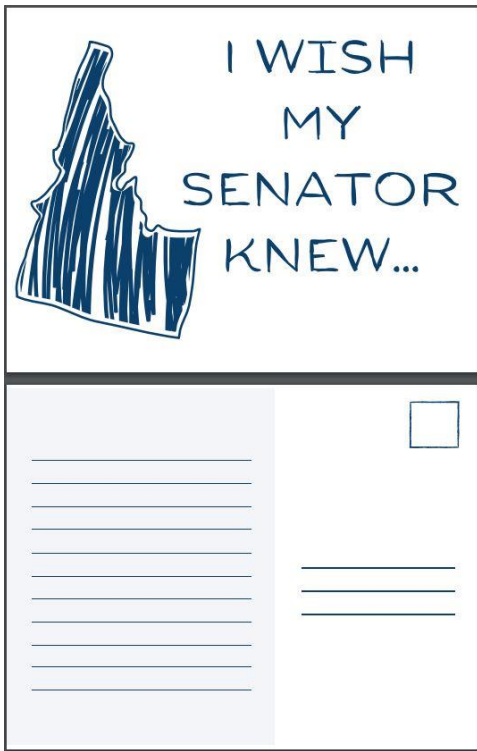
Did you reach the office's voicemail? That is OK: leave a message. Offices check their voice messages and keep track of constituent concerns.

After the call

- Consider additional actions you can take on the issue: post on social media and tag your legislators(s) and/or email your legislator(s).
- Call back again in a few days to restate your concerns and views.
- Encourage family and friends to call their legislators, too.

PRINTABLE POSTCARDS

Postcards can be downloaded for free and printed. Download at www.odp.idaho.gov/printable-postcards/





LETTER & EMAIL WRITING CHECKLIST

- ___ You have decided who you will write to
- ___ The official(s) you have chosen has/have the authority to make a decision about your issue
- ___ You have begun the letter in an official manner, including the official's full name and title
- ___ The purpose for which you are writing is clear
- ___ You have summarized your understanding of the issue
- ___ The general impact that you expect if a particular decision is made is stated
- ___ You have explained your position on this issue in detail
- ___ The positive and/or negative impacts the issue has on you and others are described
- ___ Statistics have been included if available and appropriate
- ___ You have thanked the official for their time
- ___ The letter is signed with your full name
- ___ Your address and phone number are listed under your name at the end of the letter
- ___ The letter you have written is free of spelling and grammatical errors
- ___ Double checked the name and physical address on the letter or postcard, or the email address
- ___ Put a stamp on your letter or postcard
- ___ Put the letter in the mail, press send on your email!

FACT SHEETS & TALKING POINTS

Statistics can provide valuable, factual support for your comments in your letters, emails, or postcards to elected officials. These Fact Sheets can help provide you with data and information to share in your letters and help build the rapport with your legislators.

Two of these Fact Sheets are from [Smart Approaches to Marijuana](#) (SAM), an alliance of organizations and individuals dedicated to a health-first approach to marijuana policy. The other three are Idaho-specific Fact Sheets created by the [Idaho Office of Drug Policy](#). All sources are cited within the Fact Sheets.

- Idaho Marijuana Use Fact Sheet 10
- SAM Youth Use Fact Sheet 11
- SAM Medical Marijuana Fact Sheet 12
- SAM Marijuana Revenues vs Reality Fact Sheet 13
- Idaho Kratom Use Fact Sheet 14

Marijuana Legal Status

Marijuana is a Schedule I controlled substance under Idaho Law, under which the use and sale for any purpose is illegal. In the last two decades, several states have moved toward medical marijuana legalization (MML) and recreational marijuana legalization (RML).

Revenue vs. Reality

The potential economic benefit of increased tax revenue is the top argument among those who support RML.¹

Belief – In 2012, 55% of voting Coloradans supported the legalization of recreational marijuana. Polls showed that of those who supported the initiative, the potential tax revenue was considered the greatest benefit of legalization.² New Approach Washington, which lead Washington’s 2012 legalization campaign, argued financial benefits among the top reasons to support RML.

Reality – In 2018, Colorado collected \$267 million and Washington collected \$439 million in marijuana tax revenue, or roughly 0.5% of state and local general revenue in each state.³ Additionally, for every dollar gained in tax revenue, Coloradans spent approximately \$4.50 to mitigate the effects of legalization.⁴

Four other states reported a full year’s worth of state marijuana tax revenue in 2018: Alaska (\$15 million), California (\$354 million), Nevada (\$87 million), and Oregon (\$94, million). All of these totals were less than 1% of state and local general revenue.⁴

\$4.50

The cost for each dollar brought in by marijuana tax revenue in Colorado.

Centennial Institute, 2019

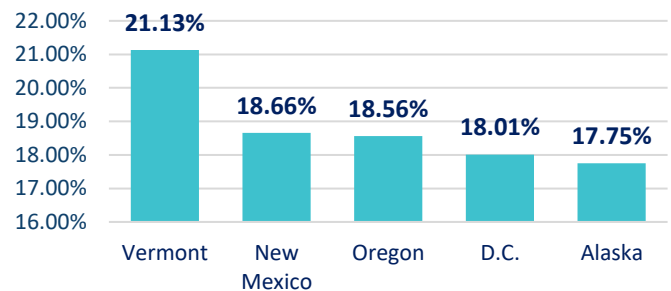
Increased Youth Use

Across the US, the top ten states with the highest rate of current marijuana youth use were all MML states, whereas the bottom ten were all non-medical-marijuana states.⁵

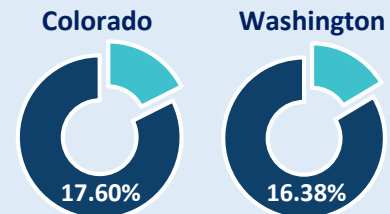
Marijuana use can have permanent effects on the developing brain. When teenagers use marijuana, the drug may impair thinking, memory, and learning functions and affect how the brain builds connections between the areas necessary for these functions. Additionally, teens who smoke marijuana report lower grades and high school completion rates and are at higher risk of mental health issues and impaired driving.⁶ An estimated 17% of youth who use marijuana develop a cannabis use disorder.⁷

- Washington experienced significant increases in past-month & regular marijuana use and decreases in perceived harm from marijuana use among 8th and 10th graders after legalization.⁷
- Colorado youth past month marijuana use increased 12% in the 3 years after RML in 2012. Colorado youth past month marijuana use for 2014-2015 was 55% higher than the national average.⁷

States with Highest Rates of Past Year Youth (Aged 12-17) Marijuana Use in 2019⁸



Past Year Youth (Aged 12-17) Marijuana Use⁸



Between 2012-2018, the total number of Idahoans using marijuana in the past 30 days increased by 55%.⁸ Nearly 1 in 3 Idaho 9th-12th graders (31%) have used marijuana at least once in their lifetime.⁹ However, only 12.04% of Idaho youth aged 12-17 years used marijuana in 2019 – down from 35% in 2011.⁸

¹ Public Perceptions of Arguments Supporting and Opposing Recreational Marijuana Legalization. 2017. Preventative Medicine.

² The Legalization of Dangerous Consumption: A Comparison of Cannabis and Gambling Policies in three U.S. States. 2017. Addiction Research & Theory.

³ Are States Betting on Sin? The Murky Future of State Taxation. 2019. Tax Policy Center, Urban Institute & Brookings Institution.

⁴ Economic and Social Costs of Legalized Marijuana. 2018. Centennial Institute.

⁵ The Legalization of Marijuana in Colorado: The Impact. 2017. Rocky Mountain HIDTA.

⁶ What You Need to Know about Marijuana Use in Teens. 2017. NCCDPHP, CDC.

⁷ Association of State Recreational Marijuana Laws with Adolescent Marijuana Use. 2017. Jama Pediatrics.

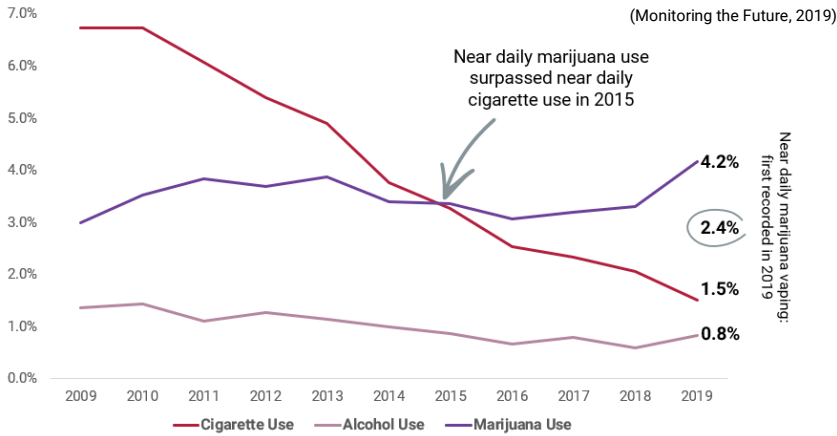
⁸ National Survey on Drug Use and Health. 2019. Substance Abuse and Mental Health Services Administration.

⁹ Idaho Youth Risk Behavior Survey. 2019. Idaho State Department of Education.

SAM Smart Approaches to Marijuana

preventing another big tobacco

YOUTH USE

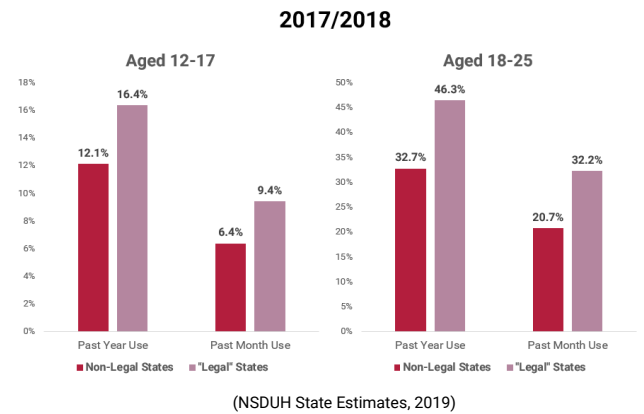


Young people use more potent marijuana, more often.

- Near daily marijuana use among 8th, 10th, and 12th graders increased 26.3% from 2018 to 2019 (Monitoring the Future, 2019).
- Studies show youth vaping of any kind increases the risk of future marijuana vaping, presenting another risk amid a youth vaping epidemic (Kowitz et al., 2019).
- Young people report vaping marijuana in increasingly large numbers since such data was first recorded in 2017 (Monitoring the Future, 2019).
- Marijuana vaping delivers more potent forms of marijuana through vaporized concentrates, which can contain as much as 99% THC.

Marijuana use among young people in "legal" states is alarmingly high.

- Past year and past month marijuana use among 12 to 17 year-olds in "legal" states increased around 3.5%, each from 2016-2017 to 2017-2018 (NSDUH State Comparisons, 2019).
- Past year and past month marijuana use among 18 to 25 year-olds increased nearly 4.4% each from 2016-2017 to 2017-2018 (NSDUH State Comparisons, 2019).
- While 23.8% of 12 to 17 year-olds in non-legal states perceive a risk from smoking marijuana once a month, only 17.4% in "legal" states perceive such a risk (NSDUH State Comparisons, 2019).
- One study found cases of Cannabis Use Disorder (CUD) in young people in "legal" states grew 25% following legalization (Cerda et al., 2019).



Recent data show nearly **9.2 million** young people aged 12 to 25 used marijuana in the past month (2018). Past month marijuana use is indicative of frequent use.

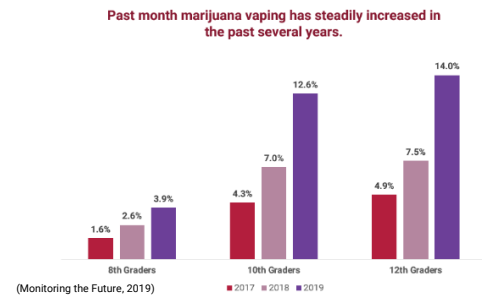
(NSDUH, 2019)

Marijuana use is harmful to developing brains and youth use increases the risk of negative outcomes.

- One study discovered changes in grey matter volume in young marijuana users, indicating marijuana use may impact the way the adolescent brain develops (Orr et al., 2019).
- Adolescent marijuana use is associated with an increased risk for depression and suicidality (Silins et al., 2014; Gobbi et al., 2019). Marijuana use is linked to the development of psychosis (DiForti et al., 2019).
- Chronic marijuana use is associated with cognitive impairment and worsened academic performance (Meier, et al., 2012; Silins et al., 2014; Finn, 2015; Meier et al., 2015; Arria et al., 2015; Schuster, et al., 2018).

In "legal" states, marijuana companies target youth.

- Even though the sale of marijuana to people under the age of 21 is prohibited, marijuana companies still reach youth in "legal" states. 61% of high schoolers in Washington state believe that marijuana is easy to obtain (Washington state Healthy Youth Survey, 2018).
- Companies profit from products that resemble candy or cola, and come in flavors that appeal to young people.
- Marijuana social media marketing increased in "legal" states (Whitehill et al., 2019). One study found young people who are exposed to marijuana marketing on social media are five times more likely to use marijuana (Trangenstein et al., 2019).
- Offenses related to minors, such as sale to a minor, comprise more than one in six of all documented violations committed by "legal" marijuana companies in the state of Washington (Washington Liquor and Cannabis Board, 2019).



“Medical” marijuana or marketing plan?

- For the marijuana industry, medical legalization is the surest way to achieve full legalization.
- The former director of NORML, [Richard Cowan said](#), “... once there’s medical access, if we continue to do what we have to do... then we’ll get full legalization.”
- Many licensed marijuana companies in medical states are also licensed to sell recreational marijuana in states where it is fully “legal,” giving these companies a hand in both markets.



Science raises questions about the efficacy of marijuana as medicine.

- The commercial medical marijuana market races ahead of science available on its efficacy in treating a number of ailments.
- Pain is one of the most commonly reported qualifying conditions in “legal” states, in spite of evidence suggesting marijuana fails to mitigate pain (CDPHE, 2019; Tampa Bay Times, 2019; Politico, 2020).
- [83% of “medical” marijuana dispensaries](#) in Colorado recommended THC products to pregnant women. Consuming marijuana during pregnancy is dangerous and can inhibit fetal development.

THE SCIENCE IS CLEAR

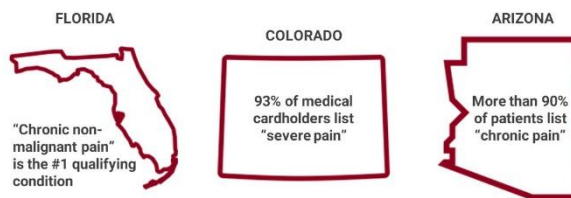
A “vast majority of products... including medical-only programs, contained THC designed for recreational use (i.e. >15%).”
(Cash et al., 2020)

Adults with pain are “increasingly vulnerable to adverse cannabis use outcomes,” and more often reported Cannabis Use Disorder (CUD).
(Hasin et al., 2020)

There is “scarce evidence” that marijuana can improve depressive disorders; anxiety disorders; ADHD; Tourette syndrome; PTSD; or psychosis.
(Black et al., 2019)

“Evidence for effectiveness of cannabinoids in CNCP (Chronic Non-Cancer Pain) is limited... It seems unlikely that cannabinoids are highly effective medicines for CNCP.”
(Stockings et al., 2018)

“[P]RESCRIPTION OPIOIDS WERE SEEN AS A WONDER DRUG, ESPECIALLY FOR PAIN MANAGEMENT.”
“WE SHOULD NOT REPEAT HISTORY WITH YET ANOTHER WONDER DRUG INSTALLED BEFORE PROPER EVIDENCE.”
- ADDICTION, 2018⁹



In 2019, [Shover et al.](#), debunked a study shared widely by the marijuana industry that suggested MML was associated with fewer opioid deaths.



“Medical” pot brings many of the same consequences as recreational legalization.

- Living near a medical marijuana dispensary is associated with an increase in use and more positive association, as well as [greater experimentation](#), among [youth](#) and [young adults](#).
- Poison control center calls for youth exposures [increased 140%](#) after MML in Massachusetts.
- While industry proponents suggest that legalization will reverse the opioid epidemic, some studies have found a correlation between MML and an increase in [opioid-related deaths](#).

Businesses face risks from MML.

- Many states—[such as Nevada](#)—now prohibit employers from testing employees or requiring job applicants to be tested for marijuana. Many employers are also prohibited from firing medical marijuana users.
- In New Mexico, courts decided that companies were required to [reimburse employees](#) for medical marijuana use (Vialpando v. Ben’s Automotive, 2014; Maez v. Riley Industrial, 2015; Lewis v. American General Media, 2015).



REVENUES VS REALITY

Marijuana tax revenue comes up short.

- Tax revenue from marijuana accounts for less than one percent of state revenues where the drug is “legal.”
- Almost every state that legalized marijuana came up short on initial revenue targets. In Massachusetts, the first year of tax revenue from marijuana sales was less than half of the anticipated \$63M ([Politico](#), 2019).
- Even as marijuana markets grow, research shows tax revenue quickly tapers off ([Pew Trusts](#), 2019).
- Revenue projections are unreliable. As states seek to fill budget gaps, researchers advise against using marijuana tax revenue to fill long-term holes ([Pew Trusts](#), 2019).

State	Percent of Budget*
Colorado	0.90%
California	0.47%
Washington	0.33%
Alaska	0.20%
Oregon	0.13%
Nevada	0.04%

"We get \$200 million a year in tax revenue, which, you know, we're a \$30 billion budget, so it's a drop in the bucket – it's not going to pay for early childhood education or solve any big social ill..."
(Colorado Governor John Hickenlooper, 2018)

([Centennial Institute](#), 2018)

\$4.50

The cost for each dollar brought in by marijuana tax revenue in Colorado

"You do not legalize for taxation. It is a myth. You are not going to pave streets. You are not going to be able to pay teachers. The big red herring is the whole thing that the tax revenue will solve a bunch of crises. But it won't."
(Director, Marijuana Coordination (CO)
Andrew Freedman, 2015)

Taxes on marijuana will not compensate for the deficits in state budgets.

- Colorado, the state with the oldest marijuana market, is the only state in the nation without a rainy-day fund.
- The budget deficits in states with mature marijuana markets comprise a combined \$71B (CA, CO, NV, OR, WA). The tax revenues from marijuana barely combine for \$2.5B.

The industry wants more.

- While the marijuana tax revenue in California still fails to meet its target, industry proponents are pushing legislators to reduce taxes ([LA Times](#), 2020).
- These tactics are not new: Big Tobacco has been lobbying for tax cuts for decades and has adapted to more stringent policies by strategically aligning with trade groups for convenience stores and grocers, among others ([Tobacco Free Kids](#), 2012). The same will happen with marijuana.

*Percentages of revenues are rough estimates calculated based on reported figures from individual states.

Kratom – What is it, how is it used, and what are the effects?

What is it? Kratom is a tropical tree in Southeast Asia. Consumption of its leaves causes stimulant and sedative effects in different doses.

How is it used? It is primarily used by oral ingestion via tablet or capsule. It can also be crushed and smoked, brewed as a tea, or the raw leaves may be chewed.

How does it affect the body? At low doses, kratom produces stimulant effects with users reporting increased alertness, physical energy, and talkativeness. At high doses, users experience sedative effects. Side effects include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite. **Kratom consumption can lead to addiction.**¹



Kratom Use, Misuse, and Overdose Deaths

Estimates from the American Kratom Association suggest 3 to 5 million individuals in the U.S. may be using Kratom.² According to the DEA, several cases of psychosis resulting from use of Kratom use have been reported, where individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion.¹

In 2019, a CDC report found that Kratom was detected in 152 overdose deaths between July 2016-December 2017. Kratom was identified as the cause of death in 91 of the 152 Kratom-positive deaths but was the only identified substance in just seven of these cases. Data suggests that Kratom use is associated with a complex population of poly-drug users and especially with opioid use disorder, and that a deeper investigation into the toxicity of Kratom is needed, especially focusing on drug-herb interactions.³

Kratom Use in Idaho



It is currently legal to buy and sell kratom in Idaho. It can be purchased in smoke shops, boutique botanical stores, and online vendors.

Nationwide the number of Kratom exposures reported to Poison Control Centers (PCCs) increased 52-fold between 2011-2017. Data from PCCs found that **Idaho had the highest Kratom exposure rate in the U.S.**⁴

Between January 2017-May 2018 a total of 199 people from 41 states, including 10 individuals from Idaho, were infected with Salmonella linked to Kratom consumption.⁵

Legal Status

What is its legal status? Kratom is not controlled under the Controlled Substances Act in the U.S.; however, there are some state-, city-, and county-specific regulations or prohibitions against the possession and use of Kratom.² The FDA has not approved Kratom for any medical use and it is listed as a Drug and Chemical of Concern by the DEA.¹

Idaho House Bill 567 was introduced during the 2020 Legislative session and proposed to “Add to existing law to provide for registration and labeling, to provide for prohibited acts, to provide for the prohibition of sale to minors, and to provide for violations and penalties.” The Bill was referred to Agricultural Affairs Committee. No action was taken.⁶

Where is Kratom Illegal?



Australia, Denmark, Finland, Ireland, Latvia, Lithuania, Malaysia, Myanmar, Poland, Romania, Sweden, Thailand.



Arkansas, Alabama, Indiana, Rhode Island, Wisconsin, Vermont, D.C. Alton, IL; Columbus, MS; Denver, CO; Jerseyville, IL; San Diego, CA; Sarasota, FL. Union County, MS.

¹ Kratom Drug Fact Sheet. (2020). Drug Enforcement Agency. <https://www.dea.gov/factsheets/kratom>

² Veltri, C., & Grundmann, O. (2019). Current perspectives on the impact of Kratom use. Substance abuse and rehabilitation, 10, 23–31. <https://doi.org/10.2147/SAR.S164261>

³ Olsen, E. O., O'Donnell, J., Mattson, C. L., Schier, J. G., & Wilson, N. (2019). Notes from the Field: Unintentional Drug Overdose Deaths with Kratom Detected - 27 States, July 2016-December 2017. Morbidity and mortality weekly report. <https://doi.org/10.15585/mmwr.mm6814a2>

⁴ Post, S., Spiller, H., Chounthirath, T., Smith, G. (2019). Kratom exposures reported to U.S. poison control centers: 2011-17, Clinical Toxicology. [10.1080/15563650.2019.1569236](https://doi.org/10.1080/15563650.2019.1569236)

⁵ Multistate Outbreak of Salmonella Infections Linked to Kratom. (2018). CDC. <https://www.cdc.gov/salmonella/kratom-02-18/index.html>

⁶ House Bill 567, 2020 Legislation. Idaho State Legislature. <https://legislature.idaho.gov/sessioninfo/2020/legislation/H0567/>