

FINAL TRANSCRIPT CAPPELLO WOODS INTERVIEW

KRATOM: GAS STATION HEROIN

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VC: Hello, I'm Vanessa Corwin.

VC: Kratom is a plant-based substance that is readily available in cannabis dispensaries, convenience stores and online, and is legal in a number of states in the US. Yet, it is not approved by the FDA for any use. People take it for many reasons. Some, to get high. Many say it should be a controlled substance, like heroin, because it is addictive. In this episode, we'll explore kratom from the clinical and personal perspectives. With us today is Dr. Tucker Woods, Associate Chair, Emergency Department, Staten Island University Hospital, in NYC, and musician Timmy Cappello, who will share his journey with kratom. Welcome, gentlemen. Thanks for joining us today.

VC: So, doctor, let's start with you. First of all, what is kratom, how do people ingest it and how does it affect the brain and the body? And is it dependent at all on the amount of the substance that they ingest?

TW: Sure. So first of all, thank you for having me. So kratom, it's not a new drug. It's actually a plant product and it's from a leafy tree that's actually a member of the coffee family and it's native to Southeast Asia. It's cultivated elsewhere now but its roots date back hundreds of years in Southeast Asia where the native population, they used to chew it, they would chew a few leaves or they would drink it as a tea. In the Southeast Asian culture it would be used to enhance stamina, it would be used to reduce fatigue. In some cases, it would be taken as an anti-diarrhea medication, or as a cough suppressant. But since the 2000s, especially around 2015, 2016, kratom use in the United States has dramatically increased. One of the issues is that since kratom's now being used in the United States the population's using it much differently. When you study poison control data from Thailand versus poison control data from the United States, we're seeing issues that are not being seen in Southeast Asia. And part of that is the way that they are packaging the product. If you look at kratom the plant, it actually has 40 different, active components. We call them alkaloids, and out of the 40 the one that's most prominent is something called mitragynine and about 66% of kratom's active ingredients is mitragynine. About two percent is another active ingredient called 7-hydroxymitragynine, or 7OH and it's highly, highly addictive and so unfortunately, we have, I will call them clandestine chemists where they will concentrate the percentage of that active ingredient, the 7

hydroxymitragynine and it becomes very addictive. You would extract exclusively that component and they'll sell it as an extract. And when it's sold as 7OH or 7 hydroxymitragynine a lot of folks refer to it as gas station heroin because you can become so addicted. I believe around 2016 or so the FDA proposed making it a scheduled drug, a controlled substance, but there was strong pushback by lobbyist groups and lawyers and scientists saying that it should not be a scheduled drug. Right now, it's really unregulated, so if I buy Tylenol at a drug store, I know I'm getting Tylenol. But if I buy kratom at a gas station, because it's unregulated its really buyer beware because you really don't know what percentage is 7 hydroxymitragynine, what percentage is mitragynine, so you're seeing a lot of adverse effects. You're seeing intoxication, people are becoming addicted. When I've treated patients with kratom addiction it usually goes up tenfold in just a few weeks. I specifically remember this one patient I had, when he first started using kratom he would start off using about seven capsules a day.

VC: Is that a lot?

TW: Seven capsules a day is, I would say no, not a lot. But within just a matter of weeks he would take 80 tablets a day. And I asked my patient, over what sort of period, like when you woke up in the morning, how quickly would you swallow those 80 tablets? And he said, within five minutes, Doctor Woods. And that's because you develop a tolerance so quickly and then when you stop it abruptly you experience those withdrawal side effects. I personally wish it would become regulated, not just buyer beware, you don't know what you're buying.

VC: So how does it compare in your view, Dr. Woods, to opioids and other substances in terms of addiction and withdrawal?

TW: It binds very highly to the brain's opioid receptor, but it doesn't activate it fully. You do see overdose deaths but not in the numbers like you would fentanyl but you see the exact same profile. People will develop withdrawal and if they do stop it, you'll see symptoms such as nausea, vomiting, diarrhea, insomnia, hot flashes, abdominal pain. I had a decent number of patients that came to me struggling from kratom addiction and they said that withdrawal was terrible, terrible.

VC: Are there certain personality types or certain types of people that you see, in your view, that tend to try kratom and become addicted to it? Men more than women?

TW: You see it more in men, like about 55 or 56% of kratom users are men. We don't have data on kratom, another problem is that we don't pick it up on routine drug testing. In terms of reasons for use, some people are using it to self-treat for chronic pain, some people are using it to self-treat for anxiety, depression, some people are self-treating related to opioid misuse including opioid withdrawal. Some individuals, if they've weaned themselves off fentanyl or heroin, another opioid they will transition to kratom, so that's generally the reasons individuals use kratom.

VC: Do you now see a high percentage of relapse? Do you know what percentage of patients succeed in getting off of kratom? How many might relapse?

TW: We actually don't have good data on it. There are not a lot of controlled or published studies on the questions you're asking. Everything is more so from case reports and physicians speaking to other physicians, maybe attending a lecture or seminar but we actually don't have good data on exact treatment. So, what's funny... and it's not funny... my addiction medicine textbook, my bible, is 1,850 pages. I have one page on kratom. It's not even a full page. It's relatively new on the scene. It really took off in popularity around 2016. I would say the majority of doctors don't even know what kratom is. A lot of the population, like you said yourself prior to this podcast you didn't know what kratom was. Because it's relatively new to the scene there is no best practice textbook so I'm board certified in addiction medicine. What a lot of individuals are doing with kratom use disorder, or KUD, they'll treat it the same way as you would with somebody who is addicted to fentanyl, somebody who is addicted to heroin. And it also depends on what the patient's goals are. Some patients will try abstinence, if they're in a 12-step program, try abstinence, and if they're not successful they may end up seeing somebody like me. Doctors have different tools in their toolbox in terms of medications to treat it. A lot of addiction medicine physicians have had success using a drug called buprenorphine. Some individuals might know it as suboxone. I would say very rarely would a doctor treat kratom addiction with methadone. By and large a lot of the addiction medicine physicians will treat it with something called buprenorphine in a lower dose than what's required generally than individuals who are addicted to heroin or fentanyl. Some doctors are also treating it with this opioid blocker called naltrexone, the brand name is Vivitrol, it's a monthly shot or it can be a daily pill but really the monthly shot is better. So those are some of the medications for treatment, that's what a lot of the addiction medicine physicians will use.

VC: So, that's how you treat kratom addiction in a clinical setting. So, Timmy, now, let's go over to you. Tell us your story. When did you first start using kratom and what made you start using it?

TC: I have been diagnosed with an anxiety disorder. So I was taking benzodiazapenes and I thought to myself, oh, maybe I could use a leaf, maybe I could use what was thought of as an herb, maybe it would be a better choice than, what I heard about clonopin which is what I was taking, so it seemed to help, but I think the way I could contribute most would be to just tell you what happened to me at my worst with kratom. I would just really overdo it. Vomiting, and still doing it more and I actually (VC: Like even with those symptoms, you kept using it?). Exactly. It was very, very, I kept thinking, more would help, maybe more would help, maybe a little more would help. And I lost my car, just left it somewhere and didn't know where it was. I was so high, and I wound up spending about three days in the emergency room, I couldn't remember my name, I couldn't remember what year it was, or what my address was. And although obviously it was the amount that I was using that just shut off my brain, pretty much entirely. It was quite a shock, quite a scare. And that is what I would say was the worst, just overdoing it, going to see how much I could ingest. That was not a very smart idea, obviously.

VC: So, Timmy, at what point did you realize that you were addicted to this stuff and that you needed to withdraw from it?

TC: Yeah. I had, before this all happened, I had been taking it for quite a while and feeling, not knowing any of the information that the doctor's been giving, I just thought to myself hmmm, maybe this is better than Xanax, or Clonopin. Maybe this is a smarter move. And so, I would try to keep it under control and then would stop for a while but then would always start up again. The withdrawal was a little different. When I was in my 20s, I did have a heroin addiction. This was a little different. It certainly wasn't as violent a withdrawal, but just covered in sweat and shaking like a leaf. That's bad enough, that's pretty bad a withdrawal I would say. And so, it has taken me a long time of stopping, starting, stopping, starting. I actually did go to a rehab center and nobody knew what it was. There was no way to test for me to see if I had done it before I came in. I would say kratom, and also there is another substance called kava that comes from a similar part of the world and people a lot of times will mix them, which is what I did. Yeah, I would mix them together. They had slightly... one was a little more of a stimulant, one was a little more of a sedative and I thought oh, this could be OK. But over and over again, as the doctor said, I would just go more and more and more and more. And that's my

story with it. I could have really died because they said I had acute kidney disease. (VC: And it was from kratom?) From the amount of kratom that I took.

TW: Timmy's story is not uncommon. A lot of people, just like Timmy, assume that because something's legal and it's marketed like an herb they assume that if it's legal it must be safe. And unfortunately, that's a common story and right now there's zero regulation and it does have me concerned.

TC: I definitely want to tell my story but I think listening to the doctor is really helping me a lot.

VC: Now Timmy, do you... you mentioned that the withdrawal from kratom was, to use your term, less violent than the withdrawal from heroin, but you did decide to do it cold turkey, right?

TC: Yeah. I did find that it was very hard, even though it wasn't what heroin addiction was, like I really knew that I had to stop heroin. You know it. It's so violently horrible for you. And the reactions, frightening my family by the way I looked and behaved, it was obvious that you just couldn't do it and expect to have a life or have a long life, anyway. Kratom is not quite that violent and so I felt... I'll tell the story of a friend of mine and this is not something I'm very proud of but his son was a heroin addict and he kept going to prison. He was a teenager and I said, maybe you could try this kratom stuff and maybe he could get off of heroin. So, he did and I felt... he finally died, not from kratom but having gone back and tried heroin again and it must have had some fentanyl or something and you could be dead in a matter of minutes. I had said to my friend gee, I am so sorry that I gave this advice to you. This is getting a little off topic. But he said you know, honestly, the kratom gave me six months more with my son because he didn't die, he didn't OD while he was taking it. He at least was around and we could talk. So, it's just like the doctor said. It's just, who wouldn't want to use something natural, when you're sort of addicted to benzodiazapenes?

VC: So let me ask you this. Now that you have kicked kratom, do you miss the high that you got from these drugs, from kratom, or even heroin?

TC: I never miss heroin. It was a long time ago. (VC: Yeah, but what about kratom?) Yes, I would say so. It rears its head to say oh, maybe I'll just do it once. When I stopped heroin, I also stopped smoking cigarettes and I found that to be tougher because it didn't feel like something that was going to kill me tomorrow. So, I

kind of feel like oh, I'm going to say something that I hope the doctor will set me straight on. And that is, it did cure my anxiety.

VC: We'll get the doctor's take on that, definitely. But I wanted to ask you, did it affect your work, your relationships?

TC: Absolutely. My wife, would say I know when you're doing kratom because your IQ gets cut in half. You can't remember nouns. Nouns are incredibly difficult to finish sentences with when you're on kratom.

VC: Dr. Woods, let's go back go back to you. What's your take on Timmy's story. Is it kind of common, do you see this a lot?

TW: His story is very common. And even the story of his friend who passed is common, because a lot of individuals who are addicted to heroin or they're addicted to fentanyl, they don't know how to stop and so some will transition to kratom as a form of harm reduction to wean themselves off of heroin, off of fentanyl, and so it's a common story. And Timmy brought up a good point. If you've been off of heroin for, say a year or nine months, you no longer have that tolerance and so if you then try to go back and use the same dose of heroin that you used to do, because your body no longer has that tolerance it could kill you instantly. Sadly, it is unfortunately a common story.

VC: Now Dr. Woods, do you see, I know there are those who say oh, it has some therapeutic uses. Do you see any possible therapeutic use for kratom?

TW: There are very strong lobbyists who say, this is the only thing that is effective in treating my chronic pain. A lot of individuals will say, this is the only thing out there that helped get me off of heroin, get me off of fentanyl, so in 2016 when the FDA said they were going to put it on the controlled substances list, that proposal was withdrawn because there were very significant public and congressional backlash, from scientists, lawyers, patients. The kratom industry is a multimillion dollar—I think I even read 1.5-billion-dollar industry so they are very strong lobbyists. Seven states have banned it. It's illegal in Washington DC and in some local jurisdictions have made it illegal. For example, in California it's legal but in San Francisco it's illegal. There's a county in Florida, I think it's Sarasota, county where it's illegal. To the folks who say, it has treated my chronic anxiety, it has treated my chronic pain, my recommendation is let's get it regulated because when

you are buying kratom from a gas station, you don't know what's in that. And because you don't know what's in it then we see side effects in the emergency room. People come in with seizures, people come in with liver damage. You heard Timmy's story. He couldn't remember where his car was, and was in the ER for three days. You see people come in with these horrible side effects. There's a story where a person needed a liver transplant because of the damage it did to their liver, so I feel very strongly that at a minimum it should be regulated. If individuals are using it, they need to know what they're using.

VC: So, in your view, should it be a controlled substance?

TW: In my view it should be a controlled substance because I see patients coming to me saying, Dr. Woods, I need help. I need to get off of this, and every time I treat somebody who is addicted to kratom I'll ask them, I'll say, this might seem like a silly question. Do you think kratom should be legal or illegal, and I haven't had one patient yet say that it should be legal. They really struggled with the addiction or with relapse but I do feel it should be either a scheduled drug or at a minimum regulated. And I think that could be a happy medium if it's regulated.

VC: If it's regulated. Timmy, what do you think about that?

TC: Well, I was just going to ask the doctor, are there any of these alkaloids that could possibly be used in a very controlled way, as a pill, or something that might, under the right circumstances, help someone if it was, just a pill that had, with lots of research, to find out if that might be possible?

TW: A hundred percent. I wouldn't be surprised if 20 years from now a doctor could write a prescription for mitragynine to treat this or treat that. Maybe these lemons could be turned into lemonade and they could study these alkaloids and all the different active ingredients. One piece of news that is new. In the end of July of this year the FDA did take steps to restrict the 7 hydroxy mitragynine that's ... they also call it 7OH. 7OH is one of the active ingredients in kratom so some of the gas stations are selling it exclusively, the 7OH, what I and others refer to as gas station heroin, the FDA is trying to make 7OH a controlled substance. And I think that would be very helpful because these clandestine chemists are basically selling the most addictive property, bottling it up, you can get it at a smoke shop, a gas station, and folks are becoming addicted.

VC: I'm going to ask both of you, what advice would you give to somebody who is struggling with kratom addiction? Timmy?

TC: It's not what it seems to be. It's not an herb. It will have, as the doctor said, it will have, you will need more and more. And I don't know how many people can just keep it within some sort of therapeutic dose. But I don't think it really does that. I think it really has a tendency, like every other drug, you need more and more. That's my position on that. I don't know whether it should be a controlled substance. It's just not in my, I don't have the expertise that the doctor has, but I'm very interested in the idea of regulation. Absolutely.

VC: And Dr. Woods?

TW: I would say if you're addicted to kratom, get help. There's a lot of addiction hotlines, resources, a lot of phone numbers, there's a lot of doctors who are trained to treat addiction, so if you're struggling with addiction, you're struggling with chronic pain, depression, don't seek treatment at a gas station. See mental health expert. There are options available and there's hope and there's treatment and there's recovery. Helps available. I can just tell one last story. I know of this one patient who was taking kratom to help him focus. And then fast forward six months later the focus of his life is, how am I going to get kratom today? So, his focus really revolved around that product, that kratom product, but there's help out there so if you're addicted to kratom, addiction experts, they know how to treat it, they can get you help and you can start your path on recovery.

VC: Do you have any specific resources that you could give our listeners, where they could go for help?

TW: Sure. There's a lot of them out there in every state. Northwell Health, we have a large addiction medicine program. In New York State they have something called the Office of Addiction Services and Supports. In New York City they have numerous drug and alcohol services. There's a heroin prevention organization in Nassau County and Long Island. There's many, many resources at one's fingertips and a lot of the treatment is covered for free. A lot of the treatments that we do prescribe. If I'm writing a prescription for medication X I don't need prior authorization. It's covered by Medicaid; it's covered by the insurance companies. And the treatment is also not cost-prohibitive.



VC: That's really good to know. And you know we have national, and indeed worldwide so people should maybe contact their state health department.

TW: One hundred percent, or talk to their primary care physician because there are many, many resources out there.

VC: Well, that's excellent. Is there anything else either of you would like to add?

TC: Well, it sure ain't what I thought it would be. And my intentions were good. My intentions were, this just might be a natural way to get myself off of benzodiazepines . And it didn't really work out that way.

VC: So why get yourself off of benzodiazepines?

TC: I heard they were dangerous. And I thought that... I took Clonopin and I felt that the normal dose just wasn't cutting it any more. And I found that that was even more... I guess I'm asking the doctor a question, like, if you have a choice between these two things, both of which have detractors and people that approve of them, it's a question that I think a lot of people have.

TW: Timmy raises a good question. If somebody says, if somebody wants to get off of Clonopin or Xanax or whatever, benzodiazepine, they should speak to their doctor because it could be very hard. Your health care professional or your doctor, your PA or your nurse practitioner, they could come up with a plan. First, they'll ask why, try to understand the patient's goal. The doctor can work through a plan to slowly taper and... because if you go it alone, you transition to a product like kratom on your own, that could have a host of side effects. But luckily there are health care providers that have backgrounds in doing this and hopefully help you.

TC: Thank you.

VC: Well, thank you both for giving your time. Timmy, thank you for your honesty and sharing your story and Dr. Woods, thank you very much for sharing your expertise with us and hopefully this will help some people who are struggling with this drug.

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