

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: # SD4: Preventing Deaths Related to Kratom and 7-Hydroxymitragynine
Date: Tuesday, January 20, 2026 8:44:05 PM

CAUTION: External Email. Proceed Responsibly.

To whom it may concern, I am age 72, a resident of L.A. County. In Dec. 2019, I had emergency neck surgery due to a loss of spinal fluid from stenosis in my neck, and I was becoming paralyzed. I have used natural Kratom products since Feb. 2020. The surgery kept me from becoming completely paralyzed; however, I still have issues and considerable pain in my neck that the surgery didn't correct, along with spinal scoliosis and stenosis in my lower back. I had to stop working as a Pick-Up and Del. driver of 40 years, 6 years earlier than I had planned, because of the pain in my neck and lower back, and nerve damage in my legs. Natural Kratom has allowed me to function, but not on anyone else's schedule. I am just grateful that I found out about Kratom, which enables me to function well enough to take care of myself and also relieves the anxiety of being partially disabled. If Natural Kratom were banned, it would cause me and others much unnecessary hardship. Sincerely, Patrick Cairney

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: 7 oh and Kratom legality/ January 21st meeting
Date: Tuesday, January 20, 2026 9:38:28 AM

CAUTION: External Email. Proceed Responsibly.

My name is Keaton Box. I strongly urge against the criminalization of responsible adults who choose to take 7 oh/kratom products for pain, mental health, and to maintain sobriety. This plant and its alkaloids were a life saver for me and have allowed me to stay sober from alcohol for a decade now. I am a responsible adult, a band director who teaches 6th-12th graders, and have never been in trouble with the law. Prohibition never works when it comes to protecting public health. In fact, banning these substances will leave responsible citizens like me left without the harm reduction tool that's allowed me to maintain my quality of life for so long. Please do not listen to the negative propaganda spread by news outlets. Instead, look at the actual science. No deaths have been solely attributed to kratom or 7-oh. There is virtually no risk of overdose due to the built in ceiling effect the alkaloids have. If you want to protect public health, please consider regulation, age restrictions, and proper labeling. Do not criminalize the millions of people who use this safe and legal alternative in place of other more harmful substances. If alcohol and cigarettes can remain legal while killing 100s of people a day, surely you can see the absurdity in criminalizing a plant that actually helps people stay off stronger drugs and alcohol. Listen to the people that these substances actually help and create regulations for both kratom and 7 oh. Thank you.

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Health and Mental Health Services Cluster Meeting January 21, 2026

Public Comment: Teams Instant Messaging Content

Raising my hand to be able to speak on the kratom item
The sound is not great. Hear a lot of typing

how should I know when do introduce myself ?

Can kratom provide a safer option for managing pain? New research is finally catching up to what many of us have known for years.

A peer-reviewed NIH study, published in the National Library of Medicine and The Journal of Pain, explored how people with chronic pain are using kratom in their everyday lives.

👋 What the study found:

- Many participants report that kratom effectively helps them manage chronic pain.
- Pain levels and kratom use were tracked in real time, showing that consumers adapt their use responsibly.
- The evidence points to kratom as a potential safer alternative to opioids — a meaningful step forward.

My wife was part of the first NIDA-funded kratom study in 2022, which gave me a firsthand look at how people use kratom safely and effectively. Since then, she has shared her perspective in multiple forums: speaking with lawmakers at NCSL, testifying at a congressional briefing, attending the International Kratom Symposium with researchers from around the world, and presenting at the HHS/FDA briefing — the first time a long-term daily consumer was invited to speak about kratom's benefits.

👋 That experience showed me that policymakers and federal agencies are starting to listen — not just to lab data, but to real-world outcomes and lived experience.

Read the study here:

Kratom (*Mitragyna speciosa*) Use for Self-Management of Pain: Insights from Cross-Sectional and Ecological Momentary Assessment Data

<https://pubmed.ncbi.nlm.nih.gov/36308562/>

<https://pubmed.ncbi.nlm.nih.gov/36308562/>

Respiratory effects of oral mitragynine and oxycodone in a rodent model - PubMed
Consistent with mitragynine's pharmacology that includes partial μ -opioid receptor agonism with little recruitment of the respiratory depressant activating β -arrestin pathway, mitragynine produced ...

KRATOM – Therapeutic Benefits? If so, is it safe? 👋

A new peer-reviewed NIH National Institute of Health study, "Exploring the Therapeutic Potential of Mitragynine and Corynoxine: Kratom-Derived Indole and

Oxindole Alkaloids for Pain Management" (2025), is published in the National Library of Medicine.

It shows that:

Mitragynine relieves pain without the dangerous respiratory risks of opioids
Corynoxene reduces inflammation and protects the brain

Together, these compounds may offer safer relief for neuropathic, inflammatory, and even cancer pain

https://www.researchgate.net/publication/388762352_Exploring_the_Therapeutic_Potential_of_Mitragynine_and_Corynoxene_Kratom-Derived_Indole_and_Oxindole_Alkaloids_for_Pain_Management

Tony Rodini (Unverified)

how should I know when do introduce myself ?

Raise your hand when we call for public comment and your name will be called.

There is so much misinformation in this presentation. I'd like to be available as an expert to help make evidence-based policy.

death 6 included cocaine and nitrous oxide, all deaths were polysubstance

Kratom vs 7OH: The FDA says it's night and day...

"We think it's night and day in terms of the public health risk." — FDA
Commissioner Marty Makary

Source (direct link to the interview containing the exact quote):

https://www.realclearpolitics.com/video/2025/07/29/fda_commissioner_marty_makary_7-oh_ban_targets_synthetic_concentrates_not_naturally_occurring_trace_amounts_in_regular_kratom.html

FDA Commissioner Makary: Ban Targets Synthetic Concentrated 7-OH, Not Naturally Occurring Trace Amounts

FDA Commissioner Marty Makary said at a press conference Tuesday that scheduling "7-Hydroxymitragynine" (7-OH) kratom extract as an illegal drug will not impact kratom itself, despite trace amounts...

Director of NIDA National Institute on Drug Abuse view on Botanical.

👏👏👏 2024 positive message from the director at the US congressional briefing on Kratom. I was so honored to have been asked to give my testimony as well. 👏👏👏

👉 to the tune of \$100 Million dollars, the amount of research spending on it.

👉 She believes it's part of the solution for many. So much so that in her private lab at NIDA she is doing research on KRATOM.

👉👉 Dec 13 2023 she did a congressional briefing on kratom and told congress to regulate it as other supplements. 👉👉

👉 2024 same positive message at the US congressional breathing on Kratom

👉 recent interaction show that Dr Volkow will be giving the same positive testimony at the 2026 congressional briefing on Kratom

Kratom addictive?

NIDA on Kratom addiction safety profile.

2021 NIDA DIRECTOR'S REPORT

Nora D. Volkow, M.D. Dir National Institute Drug Abuse. 2 links in this post

"initial findings indicate mitragynine and 7-hydroxymitragynine are not rewarding in ICSS procedure. present results suggest kratom alkaloids do not have abuse potential."

<https://nida.nih.gov/sites/default/files/february2021directorsreport.pdf?fbclid=IwAR3ypMSw74mlryZNJhV-bO0uVwqcOg5yjfmFe2VtEhynV6RdGy0LTFnQKcA>

Here's the actual scientific paper that NIDA Dir Dr Volkow was referring to

<https://www.sciencedirect.com/science/article/abs/pii/S0376871620304002>

Kratom Deaths? Or Is It a Lifeline?

Let's look at the science—and my personal experience, which is shared by thousands of others.

An extensive study, NIH-reviewed and published in the National Library of Medicine, found:

"Kratom consumption does not implicate the plant's role in toxicity, especially given the large variability of MG serum levels ranging from 5.6 to 29,000 ng/ml."

Because kratom is a partial agonist, the study also concluded:

"Kratom alone does not contribute to significant respiratory depression in preclinical animal studies, making 'poisoning,' when kratom alone is used, a highly questionable cause of death."

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8924421/>

For my wife, pain took her away from our children and my quality of life—but kratom gave it all back, including the ability to be a present and caring parent to our adult children.

Understanding Kratom Use: A Guide for Healthcare Providers - PMC

Kratom (*Mitragyna speciosa* Korth., Rubiaceae) is a plant native to Southeast Asia, where it has been used for centuries as a mild stimulant and as medicine for various ailments. More recently, as k...

Most people cannot access opioids or opioid use disorder treatments, many pharmacies will not fill valid prescriptions.

My wife was the one who spoke at the press conference. She is with me and would love to speak.

How do the folks via phone speak ?

It says press *6 but I don't know how they'll know you want to speak

Amanda Rainer (External)

How do the folks via phone speak ?

We will call for people on the phone after the current group.

"You cannot ban 7-OH without banning the kratom plant, because 7-OH does not exist without it."

banning 7-OH leads to a kratom ban because kratom is a precursor for 7-OH.

7-OH is antiinflammatory, antioxidant, anti-cancer, and analgesic.

Did I do okay? I get nervous when public speaking

7-OH is not 13x more potent than morphine, this a lie put forth by the FDA that the primary literature does not support. It has been echoed by kratom associations to clear the market of competitive 7-OH products.

7oh is truly so helpful on my bad crohns days where I cant tolerate the plain leaf powder. Regulation is key banning is prohibition

7oh has a ceiling effect meaning it stops at a certain threshold. Morphine you can overdose on. 7oh you cant.

A "non-overdoseable" drug **does not produce fatalities.**

If the ceiling claim were true, **deaths would not be occurring.**

there are no deaths involving just 7-OH. when combined with other sedatives, such as alcohol, there is danger.

24% of mitragynine is turned into 7-OH - Huestis, 2026, Huestis, 2024

Participants may also provide written public comment to:
health_and_mental_health_services@ceo.lacounty.gov

I'm the only scientist on the call, can i please speak for 2 minutes?

That's not a safety argument — it's an opioid argument. Opioids kill by suppressing breathing on their own; alcohol just speeds it up. By that logic, heroin would be legal.

I unfortunately have to sign off but I thank everyone for taking the time to listen to my testimonial and my heart goes out to those who have lost a loved one. Kratom saves lives.

It was not an FDA study.

Dr. Michele Ross (Unverified)

I'm the only scientist on the call, can i please speak for 2 minutes?

You may also submit your comment, along with any other materials to health_and_mental_health_services@ceo.lacounty.gov and it will be made part of the public record.

Dan, suboxone (buprenorphine) is a partial mu opioid agonist used to treat opioid addiction, and 7-OH works in the same way.

it is not a full opioid agonist

Users waiting for hours testifying to keep their extremely addictive substance from being banned. They only help the argument to ban. That should alarm every lawmaker in the nation.

my 81 year old father-in-law, a former narcotics cop, would not be able to work without kratom or 7-OH and take care of his sick wife. He is scared. So many other seniors that depend on these products do. They are not addicts.

They are if they have to have it. That is the definition of addiction.
no, that's the definition of dependency. Caffeine causes dependency.

Responsible for 15 years yes. Science doesn't lie.

I have to have pain control, I choose Plain leaf kratom tea. Nothing else helped and my Drs. Fully support me as well as plain leaf kratom tea.

The AKA and GKC are invested in getting rid of 7-OH products so their big kratom vendors can make more money. Nothing rooted in science.

Boom

- I urge you to support a full ban or scheduling in LA County,
- Oppose kratom consumer protection acts and support legislation that fully bans or schedules kratom and its derivatives

- Choose the people of LA COUNTY over profit for LA County. Families should not be the cost of legislative compromise.
- Spend some time and take a closer look at kratom
- Visit kratomdangerawareness.org to keep up to date on how other states are addressing the kratom conundrum and how this very addictive and deadly substance is affecting families across the nation
- Take a deep dive into studies, data, and statistics presented to you by both sides; for and against

My family and friends are also in full support of kratom tea, they feel like they got me back again, I'm able to do things now, and I'm lucid!

Feeling "better" on kratom is an opioid effect—not proof of safety. Mitragynine converts in the liver to 7-hydroxymitragynine, which is more potent than morphine. Opioids often feel helpful right before tolerance, dependence, and overdose.

Anecdotes don't override toxicology or death certificates.

7-OH is not more potent than morphine. It binds 14-22x more weakly to mu opioid receptor than morphine. It doesn't activate the beta-arrestin pathway related to respiratory depression and tolerance. It only activated the G-protein pathway at 50%.

Thus, 7-OH is LESS potent than morphine.

The claim that kratom does not cause respiratory depression is **false** and contradicted by pharmacology, toxicology, and fatality data. Kratom's primary alkaloid, **mitragynine**, is a **μ-opioid receptor agonist**. In the human body, it is **metabolized in the liver into 7-hydroxymitragynine**, a compound **more potent at the μ-opioid receptor than morphine**.

Activation of the μ-opioid receptor **by definition suppresses respiratory drive**. This is not theoretical—it is the **same mechanism responsible for opioid overdose deaths**.

The idea that kratom has a "respiratory ceiling" is a **marketing myth**, not a medical conclusion. Partial agonists **still cause respiratory depression**, especially with dose escalation, variability in metabolism, repeated use, or individual susceptibility.

Medical examiners and toxicologists have documented **fatal kratom-only overdoses** with findings such as **pulmonary edema, frothy airway fluid, and hypoxia**—classic signs of opioid-induced respiratory depression.

Both the **FDA** and the **DEA** have explicitly warned that kratom **poses a risk of respiratory depression and death**, including without the presence of other drugs.

there has been 24+ years of research on 7-OH.

whatever you just posted is not true.

Backed by scientific data not opinion
no, this is not opinion. Go look at Varadi, 2016, Obeng 2021, tens of other papers.
All I need to do is pull up my son's autopsy report so that is fact vs fiction.
Coffee didn't cause the deaths of our children.. Mitragynine is just as dangerous as 7OH

mitragynine is actually more dangerous than 7-OH. it has liver toxicity and cardiac toxicity.

however, kratom still kills less of a percentage of its users than Tylenol

I had liver issues on opiates, no longer with plain leaf kratom tea

yes, traditional opioids are more toxic to liver than kratom but kratom still has toxicity

OTC meds did a lot of damage to my organs from 2000-2011. Once finding Kratom in 2011 I stopped all OTC meds. Everything has healed. Best shape of my life at 53.

On **December 6, 2023**, my son Austin died alone in his bedroom after consuming what he believed was a legal, natural kratom product. His official autopsy and toxicology report concluded:

- **Cause of Death:** Intoxication by mitragynine
- **Toxicology:** Mitragynine only
- **No fentanyl, no illicit drugs, no prescription opioids**
- **Findings:** Pulmonary edema and frothy airway fluid, consistent with **opioid-type respiratory depression**

30 yrs I was on a slew of medications failure after failure to work. Finding kratom & 7oh almost 9yrs ago has given me my life back. Without the availability of this plant and ALL its alkaloids, I will not have quality of life and my life will end. Please keep kratom and ALL the alkaloids legal. Regulation is key.

From a public-health perspective, substances with **no accepted medical use, opioid-like effects**, and **predictable conversion into more potent opioids** are not candidates for regulation — **they are candidates for prohibition.**

This is why **regulation has failed**, and why it will continue to fail. No labeling requirement, purity standard, or age restriction can regulate **hepatic bioactivation, tolerance escalation, or respiratory suppression during sleep.**

Claims that bans "do nothing" or "only create black markets" also ignore reality. Austin did not die because of a black market. He died because kratom was **legal, normalized, and falsely portrayed as safe.**

I do hope they look into the covid vaccine for these so called kratom related deaths. States right here the vax can cause pulmonary edema. Im truly sorry for anyone's loss.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11346542/>

The systemic capillary leak syndrome following COVID-19 vaccine - PMC
The COVID-19 outbreak has been declared the sixth Public Health Emergency of International Concern certified by the World Health Organization. With the extensive application of COVID-19 vaccines, r...

Personal testimony does not override pharmacology, toxicology, or public-health responsibility.

The statement that "*kratom and all its alkaloids gave me my life back*" is not evidence of safety — it is an admission of opioid-like dependence. When a substance is described as necessary to avoid withdrawal, loss of function, or death, regulators do not interpret that as proof of benefit; they interpret it as proof of **physiologic reliance on an opioid-active drug**.

If a substance is so powerful that people believe their lives will end without it, that is not an argument for legality — **it is an argument for control, medical oversight, and restriction**.

Compassion for individuals does not require permitting an unregulated opioid to remain on the market.

who just asked that question?

can people announce before they ask their question? is helpful for remote note takers. Thanks

Victoria Gomez/SD2 on the DOJ question. Last question was from Elizabeth Arrazola/SD2.

thank you!

who is speaking now

sorry- who asked about including investment cost in the directive about water at CRDF?

Angelica Ayala/SD3

Thank you! And when/ how will the transcript and new motion for the water quality be available?

Both will be on the Board agenda when posted.

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Agenda Item 11. Board Motions, item b
Date: Tuesday, January 20, 2026 11:28:09 AM

CAUTION: External Email. Proceed Responsibly.

Hello,

I urge you not to ban access to 7-oh and/or kratom. I use it not every day but daily in a way that helps me manage my degenerative disc disease and resulting chronic pain. I also have arthritis. 7-oh specifically helps me to be more active physically as it relieves the pains and discomforts.

My mother also uses it. It has been a night and day improvement for the pain of her degenerative diseases and old age complications associated with it. I cannot begin to imagine what we would do without it.

Please, do not ban these alkaloids/kratom. Consider instead 21+ age restrictions and ID checks as well as lab verification. That is how I imagine a way forward! Prohibiting it and criminalizing it will only drive people down a dark path. We need management not prohibition.

Paula Kitterman

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Agenda Item II.b (SD4) Preventing Deaths Related to Kratom and 7-Hydroxymitragynine (7-OH)
Date: Tuesday, January 20, 2026 12:40:18 PM

CAUTION: External Email. Proceed Responsibly.

Dear LA Board,

I am writing to strongly oppose agenda item II.b SD4, which proposes placing Kratom and 7-hydroxymitragynine (7-OH), an alkaloid of the plant Kratom, on Schedule 1 and or banning /criminalization. Over 2 million California residents currently use kratom and another 120,000 use 7-OH safely and responsibly. This bill would push the market underground, eliminate safe access for adults, and criminalize consumers across the state. Banning is far from addressing legitimate safety concerns and is likely to create new and more severe ones.

Kratom and 7-OH are natural compounds that have helped people manage pain and chronic illness, reduce alcohol intake, and find stability in opioid recovery. Additionally, every time someone consumes Kratom, their body converts a portion of mitragynine (the main alkaloid in Kratom) into 7-OH. This means 7-OH is a natural metabolite of mitragynine. Considering banning 7-OH while allowing kratom makes no scientific sense — the body itself creates 7-OH.

This issue is personal to me and urgent. 7OH is literally saving lives every day. **Because of 7OH I am able to work full time , be a productive member of society, and be of service to my family. I am able to live pain and anxiety free. Since taking this safe product for my anxiety and pain, I have also significantly reduced alcohol consumption as well, which is arguably a more dangerous and unhealthy substance.**

7OH/Kratom are a much safer alternative to street and prescription drugs, which are more dangerous/deadly and many people will be forced to turn to, if you deny them access. They are not a public health crisis. There are no documented deaths. Emergency Rooms and streets are not filled with kratom and more importantly 7OH overdoses.

Public health officials across the country, including at HHS, have already recognized that banning kratom and its components could have serious negative consequences. Bans do not eliminate demand; they only drive products underground, where there are no safeguards, no testing, and no protections for consumers. Prohibition would move people towards riskier and more harmful substances.

Instead of considering bans on kratom and 7-OH based on media hype and misinformation, please consider the thousands of adults like myself in California and elsewhere who use 7-OH responsibly for chronic pain, mental health, and/or recovery support. We urge you to consider smart regulation such as:

- 21+ age restrictions
- Child-resistant packaging
- Reasonable milligram caps
- Third-party lab testing

- Transparent labeling
- Manufacturing standards

Please protect California citizens' choices, health, and recovery in favor of responsible regulation.

Sincerely,

Melissa R

Good morning, Chair Garcia-Delgadillo and members of the committee. My name is Luiz Gonzalez. I am a state board licensed barber with eight years of experience here in California, and I am here today to urge you to support sensible regulation of Kratom and its alkaloid 7OH for adults 21 and over rather than prohibition.

In 2023, I developed severe sciatic nerve pain due to the physical demands of my profession for example standing for 8-10 hours a day 7 days a week. During flare-ups, the pain reached 10 out of 10 and often prevented me from standing, walking, or leaving my bed. I exhausted physical therapy, yoga, stretching, and other recommended treatments with no relief. 7OH was the only option that allowed me to manage my pain and remain employed. From a county perspective, this prevented job loss, disability claims, and reliance on public assistance, allowing me to continue to contribute to LA county's workforce and economy.

In 2024, my mother was diagnosed with leukemia. 7OH allowed me to continue working while also providing her daily care and transportation to chemotherapy appointments. Without it, I would have faced severe financial hardship while caring for a terminally ill parent. She passed away on August 11, 2025. Following her passing, 7OH helped me manage the depression and grief that followed, allowing me to remain functional, employed, and avoid deeper mental health crises that could have required medical or county-supported intervention.

7OH also enabled me to quit marijuana and alcohol after over five years of daily use to now only on occasions. This outcome aligns with harm-reduction goals and reduces the downstream public health and economic costs associated with substance misuse. Prohibiting regulated access will not eliminate demand. Instead, it will push consumers toward more dangerous and unregulated alternatives, increasing the risk of overdose, contamination, and misuse—ultimately causing more harm than good while increasing healthcare and emergency response costs.

I am not advocating for unregulated access. I support age limits, quality control, labeling standards, lab testing, and consumer protections so the people know what they are taking and how much.

I respectfully urge the committee to oppose prohibition and instead support a regulatory framework that protects public health, preserves workforce participation, and prevents unnecessary harm.

Please, protect public health by choosing a regulatory framework that keeps these products safe and accessible for adults. Thank you for your time.

Mitragyna speciosa (Korth.) Havil.

Rubiaceae

SCN: kratom, Part: leaf



QUICK REFERENCE SUMMARY

Safety Class: 2b, 2c

Interaction Class: B

CONTRAINDICATIONS

Not for use in pregnancy or lactation except under the supervision of a qualified healthcare practitioner.

OTHER PRECAUTIONS

None known.

DRUG AND SUPPLEMENT INTERACTIONS

The consumption of kratom leaf powder as a tea by healthy adults impaired CYP3A4 activity and increased exposure to co-administered midazolam. Slower absorption of dextromethorphan and its metabolite dextrorphan was observed and attributed to prolonged intestinal transit time elicited by kratom tea consumption (Tanna et al. 2023). Given the metabolism of the kratom alkaloids, there are potential herb-drug interaction risks with opioids and benzodiazepines.

EDITORS' NOTES

This entry was added in July 2024.

The focus of this entry is the kratom leaf used as per traditional preparations in contrast to highly concentrated, non-traditional kratom extract products that are also marketed. Traditionally leaves are chewed or prepared as a tea or decoction (Grundmann et al. 2023b; Singh et al. 2016). Leaves are picked from the tree and then consumed either in fresh or dried form (Assanangkornchai et al. 2007; Singh et al. 2016; Tanguay 2011). Most kratom chewers consume the leaves fresh, however teas and decoctions may be prepared from leaves that have been left to dry in the sun (Assanangkornchai et al. 2007; Singh et al. 2016; Tanguay 2011).

Kratom dependency and withdrawal symptoms are dose and duration dependent with symptoms rarely reported among users consuming regular doses as described in the dosing section (Garcia-Romeu et al. 2020; Grundmann 2017; Singh et al. 2014).

Surveys conducted on kratom users demonstrate that individuals ingesting up to 5 g of kratom leaf powder were unlikely to present with negative effects (Grundmann 2017) and individuals consuming less than four glasses of kratom tea per day were unlikely to experience withdrawal effects (Singh et al. 2018b; Singh et al. 2018c). When reported, physical symptoms included muscle spasms and pain, joint pain, difficulty sleeping, watery eyes or nose, hot flashes, fever, decreased appetite, and diarrhea (Ahmad et al. 2012; Saingam et al. 2013; Singh et al. 2014; Singh et al. 2018b; Singh et al. 2018c; Vicknasingam et al. 2010). Psychological withdrawal symptoms include restlessness, depression, moodiness, anxiety, tension, anger, sadness, and nervousness (Ahmad et al. 2012; Saingam et al. 2013; Singh et al. 2014; Vicknasingam et al. 2010).

Serious adverse events, including death, associated with kratom exposure have been reported in the scientific literature (Corkery et al. 2019; Grundmann et al. 2023b; Olsen et al. 2019; Post et al. 2019; Schmitt et al. 2021; Singh et al. 2016). These serious events include breathing difficulties due to congested and/or edematous lungs, cardiac/cardio-respiratory issues, brain damage/hypoxia and liver or urinary problems (Corkery et al. 2019; Post et al. 2019; Schmitt et al. 2021). Several reviews conducted on the scientific literature note these case reports predominantly originate from countries outside Southeast Asia. Reports of severe side effects linked with kratom use are virtually unknown in Southeast Asia and those that are reported are typically associated with co-ingestion of other pharmacologically active substances, particularly amphetamines and other stimulants (Davidson et al. 2021; Henningfield et al. 2021; Ramanathan and

Kratom contains a spectrum of secondary metabolites including alkaloids, flavonoids, polyphenolic compounds, triterpenoids, triterpenoid saponins, monoterpenes and secoiroids (Brown et al., 2017). The alkaloids are recognized as the primary active compounds in kratom, with leaves containing several alkaloids representing 0.5% - 3% of the total weight (Hassan et al. 2013; Kruegel et al. 2018). The alkaloid mitragynine is reported to comprise about 65% - 80% of the total alkaloids (Kruegel et al. 2018; Sengnon et al. 2023; Todd et al. 2020). Other major alkaloids found within the leaf material include paynantheine (8-10%), speciogynine (6-8%) and speciociliatine (Kamble et al. 2022; Sengnon et al. 2023). Early reports suggest speciociliatine comprises 0.8% to 2% of total alkaloid content of kratom leaf, however more recent studies using modern instrumentation suggest levels are closer to that of paynantheine and speciogynine in leaf materials (Kamble et al. 2022; Sharma et al. 2019). Commercial kratom leaf products have been reported to contain the alkaloid 7-hydroxymitragynine (0.00 - 0.06% w/w) (Todd et al., 2020). Recent studies suggest that extrinsic factors, such as high light intensity, soil nutrient content, and soil water content contribute to the variability of the alkaloids (Leksungnoen et al. 2022; Sengnon et al. 2023).

Kratom leaf has been marketed and sold as different strains, described by leaf vein coloring and the country or region where it was harvested (Brown et al. 2017; Huisman et al. 2023; Sengnon et al. 2023). It is purported that the red-veined leaves are medicinal (analgesic or anxiolytic) and that the green and white-veined leaves are energy-boosting (Sengnon et al. 2023). Product analyses, however, indicate no significant cross-strain differences in alkaloid content, suggesting that the reported effect differences might be disproportionally influenced by marketing narratives and anecdotal reports (Huisman et al. 2023; Sengnon et al. 2023).

Non-traditional products, including highly concentrated kratom extracts resins and tinctures prepared using various solvents are currently found in the U.S. market (Grundmann, 2017; Grundmann et al., 2021; Grundmann et al., 2023a; Grundmann et al., 2023b). There are also products described as "kratom-derived" or "enhanced kratom," which contain highly purified kratom alkaloids, partially synthetically derived kratom alkaloids, and combinations of kratom alkaloids with other bioactive ingredients (Grundmann et

Mansor, 2015; Singh et al. 2016). Reviews of the cases outside Southeast Asia show similar patterns as many of the cases were shown to have involved individuals who had abused other substances along with kratom, had ingested adulterated products, or had histories of alcohol dependence or heroin abuse (Grundmann et al. 2023b; Henningfield et al. 2021; Ramanathan and Mansor, 2015; Singh et al. 2016; Warner et al. 2016).

There have been cases where examination did not determine an alternative cause of death or only detected therapeutic concentrations of other substances, however definitive evidence showing the mechanisms for these deaths is not available (Gershman et al. 2019; Grundmann et al. 2023b; Sheikh et al. 2021).

PHARMACOLOGICAL CONSIDERATIONS

Metabolism of the kratom alkaloids appears to be predominantly mediated by CYP3A4 enzymes with minor contributions by CYP2D6, CYP2C9, CYP2C19, CYP2C9, and CYP2C18 (Basiliere et al. 2020; Kamble et al. 2019). Kratom and its alkaloids have been shown to inhibit CYP3A4, CYP1A₂, CYP2D6, CYP2C9, CYP2C19, and CYP2C18 in vitro and in vivo (Hanapi et al. 2021; Kamble et al. 2023; Tanna et al. 2021; Todd et al. 2020). Inhibition of these enzymes could potentially lead to increased concentrations and toxicity of drugs and medications that are CYP2D6 substrates including antidepressants, antidysrhythmic, antihistamines, antipsychotics, benzodiazepines, beta-blockers, and several opioids (Grundmann et al. 2023b; Kamble et al. 2020; Tanna et al. 2021; Todd et al. 2020). A proof-of-concept clinical study demonstrated consumption of 2 g of dried kratom leaf powder did inhibit intestinal CYP3A4 activity and subsequent increased exposure to co-administered midazolam but did not appear to have an effect on CYP2D6 activity (Tanna et al. 2023).

PREGNANCY AND LACTATION

There have been reports of Neonatal Abstinence Syndrome (NAS) attributed to maternal kratom use. Two cases were reported in the United States, one in Canada, and one in Thailand. Infants displayed symptoms of irritability, facial excoriations, resting tremors, hypertonia, and tachypnea. In all cases, symptoms were effectively managed and treated (Eldridge et al. 2018).

No information on the safety of kratom during lactation was identified.

FOOD USE

The U.S. Food and Drug Administration (FDA) has stated that kratom is a botanical that qualifies as a dietary ingredient under section 201(ff)(1) of the Federal Food, Drug, and Cosmetic Act. When marketed as a dietary ingredient, FDA also

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al. 2023a; Grundmann et al. 2022; Grundmann et al. 2023b). These non-traditional products are beyond the scope of this botanical safety review and have not been subject to formal safety review.

STANDARD DOSE

Kratom teas and hot water decoctions have been traditionally ingested in Southeast Asia for use as a conventional food and an herbal supplement (Ahmad and Aziz, 2012; Hassan et al. 2013; Prozialeck et al. 2012; Raffa, 2015; Saingam et al. 2013; Ward et al. 2011; Wray, 1907). The leaves can be chewed directly or prepared into tea by taking grams of dried or fresh leaves, boiling or steeping them in water for up to an hour before straining with the resulting liquid ingested (Ahmad and Aziz, 2012; Hassan et al. 2013; Kamal et al. 2012; Prozialeck et al. 2012; Ramanathan and Mansor, 2015; Saingam et al. 2013; Wray, 1907).

Traditionally the number of servings of kratom tea consumed is based primarily on need; for example, a laborer performing work would consume tea whenever they required its invigorating effects. Studies report that average kratom consumption is between one to four servings per day (Assanangkornchai et al. 2007; Singh et al. 2014; Suwanlert, 1975; Vicknasingam et al. 2010). According to European Monitoring Centre for Drugs and Drugs Addiction (EMCDDA) in 2012 the average weight of a leaf is from 0.43 grams to 1.7 grams. With the number of leaves consumed in a traditional serving varying from 0.5 – 10 leaves, this translates to approximately 0.22 – 4.30 g of material based on the average dried leaf weights (Assanangkornchai et al. 2007; Barceloux, 2012; Suwanlert, 1975). Surveys of traditional teas indicate that a single serving of kratom tea in Southeast Asia contains between 3.3 – 120.0 mg mitragynine (Leong Abdullah et al. 2021; Singh et al. 2014; Singh et al. 2018a; Singh et al. 2019; D. Singh et al. 2020; Vicknasingam et al. 2010).

Surveys conducted in the U.S. also demonstrate a large range of serving sizes, reporting anywhere from <1 to >8 grams of kratom material, with the majority of respondents reporting they consumed 1-3 grams (Grundmann, 2017; Garcia-Romeu et al. 2020). A more recent survey conducted July 2019-July 2020 found the typical serving size associated with the self-reported beneficial effects of decreased pain, increased energy and improved mood was 1-5 grams of kratom leaves (Grundmann et al. 2022). The quantification of mitragynine in dried kratom leaves by a number

considers kratom to be a new dietary ingredient under section 413(d) of the Act because the agency has no information demonstrating that kratom was marketed as a dietary ingredient in the United States prior to October 15, 1994 (Food and Drug Administration, 2023).

While noting that kratom is a botanical that qualifies as a dietary ingredient, FDA has also stated that kratom is not appropriate for use as a dietary supplement based on its conclusion that there exists “inadequate information to provide reasonable assurance that such ingredient does not present a significant or unreasonable risk of illness or injury” (Food and Drug Administration 2024). In response to several new dietary ingredient notifications (NDINs) filed with the agency for kratom-derived ingredients, FDA has stated that it was unable to establish the identity of the ingredient to conduct a complete safety evaluation. In these responses, the agency nevertheless stated that it has concerns about safety issues associated with the consumption of kratom products containing mitragynine based on information provided in the NDINs as well as FDA’s independent review of relevant scientific literature (Food and Drug Administration 2023, Food and Drug Administration 2021).

FDA has also concluded that, when added to conventional food, kratom is an unsafe food additive within the meaning of section 409 of the Federal Food, Drug, and Cosmetic Act (Food and Drug Administration 2024).

In Malaysia kratom is customarily consumed with food, coffee, and tea at formal and informal social functions and gatherings (Saingam et al. 2013). Kratom drinkers commonly consume it during leisure times, with some mixing it with sweet beverages to mask its bitter taste (Singh et al. 2014). Though not considered a conventional food in Malaysia, per se, kratom teas are commonly ingested as a relaxing drink and do not carry any negative social perceptions (Grundmann et al. 2023b; Singh et al. 2016). Many people in Southern Thailand considering kratom consumption akin to drinking coffee (Tanguay, 2011). Like coffee, kratom is commonly consumed by manual laborers during breaks to ease hunger, enhance endurance, and to overcome stress (Saingam et al. 2013; Singh et al. 2016; Tanguay, 2011).

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of techniques has been reported, including a survey of kratom leaf purchased in the United States, with observed amounts ranging from 2.1-24.0 mg/g (Lydecker et al. 2016; Mudge and Brown, 2019; Parthasarathy et al. 2010; Sengnon et al. 2023).

ADVERSE EVENTS AND SIDE EFFECTS

Reports of serious adverse events including death have been associated with kratom use. Most of these cases have involved additional substances, such as opioids, benzodiazepines, or stimulants, adulterated products, and non-traditional highly concentrated products (Corkery et al. 2019; Grundmann et al. 2022; Olsen et al. 2019; Post et al. 2019; Schmitt et al. 2021; Singh et al. 2016). None of these deaths appear to be attributable to consumption of kratom leaf.

Results from numerous studies have shown that the occurrence and severity of adverse effects associated with kratom ingestion are dependent on dose and duration (Grundmann et al. 2022; Henningfield et al. 2021; Singh et al. 2014; Smith et al. 2022; Swogger et al. 2015). For regular doses such as those described in the Standard Dose section, adverse effects are rare and relatively minor (Assanangkornchai et al. 2007; Coe et al. 2019; Davidson et al. 2021; Garcia-Romeu et al. 2020; Grundmann 2017; Grundmann et al. 2022; Henningfield et al. 2021; Singh et al. 2014; Smith et al. 2017; Smith et al. 2022; Swogger et al. 2015). Reported effects include fatigue, insomnia, headaches, nausea, stomachache, upset stomach, chills/sweats, dizziness, unsteadiness, vomiting, and feeling hungover, jittery, or anxious (Ahmad et al. 2012; Assanangkornchai et al. 2007; Coe et al. 2019; Davidson et al. 2021; Garcia-Romeu et al. 2020; Grundmann 2017; Grundmann et al. 2022; Henningfield et al. 2021; Singh et al. 2014; Smith et al. 2017; Smith et al. 2022; Swogger et al. 2015). More prominent adverse events such as tachycardia, agitation, hypertension, vomiting, and seizures have been reported with ingestion of kratom at higher doses, such as those described for heavy kratom users in the Standard Dose section, or in non-traditional, highly concentrated product forms (Ahmad et al. 2012; Davidson et al. 2021; Grundmann et al. 2022; Singh et al. 2014).

REVIEW DETAILS

I. Drug and Supplement Interactions

Clinical Trials of Drug or Supplement Interactions

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The consumption of 2 g of dried kratom leaf powder prepared as tea by healthy adults impaired CYP3A4 activity and increased exposure to co-administered midazolam. In the same study exposure to co-administered dextromethorphan was not affected suggesting the kratom tea did not affect liver CYP2D6 activity possibly due to insufficient alkaloid concentrations reaching the enzymatic site in the liver. Slower absorption of dextromethorphan and dextrorphan was observed and attributed to prolonged intestinal transit time elicited by kratom tea consumption. Study results indicate that consumption of 2 g of kratom leaf powder could increase systemic exposure to co-consumed drugs that undergo extensive intestinal CYP3A-mediated first-pass metabolism. Interaction risk with drugs eliminated predominantly via CYP2D6-mediated metabolism is not seen with this dosage (Tanna et al. 2023).

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Case Reports of Suspected Drug or Supplement Interactions

There have been several case reports in the literature of patients presenting with adverse symptoms after co-ingestion of kratom with illicit drugs and/or substances of abuse. These reports have not been included in this summary, as the exact etiology of these cases are unknown.

Animal Trials of Drug or Supplement Interactions

No animal trials of drug or supplement interactions were identified.

II. Adverse Events

Adverse Events Reported in Clinical Trials

No serious adverse events were reported among the 16 participants in an open-label, two-period pharmacokinetics study. In the first period the subjects drank a 25 ml of a kratom tea containing 23.6 mg of mitragynine followed by a 72-hour observation period. After a 14-day wash-out period, participants received 200 mg/day of itraconazole for 4 consecutive days. On the fifth day, the same pattern as period 1 was performed. A total of 15 adverse effects were recorded among participants during the first period of the test. These included drowsiness, vomiting, dizziness, headache, fatigue and nausea. In period 2 of the study the only adverse effect observed was vomiting in one of the participants. All adverse events were resolved on the same day without any treatment and did not lead to any dropouts (Mongar et al. 2024).

No severe adverse events were reported among the 12 participants in a clinical assessment of drug interaction potential of kratom. The kratom tea prepared from 2 g of dried kratom powder administered to the participants in the study was well tolerated by all participants (Tanna et al. 2023). A similar single dose of kratom tea prepared from 2 g of dried kratom powder was also well tolerated by the seven healthy adults that participated in a clinical pharmacokinetic assessment of kratom. None of the participants experienced any kratom related serious adverse events (Tanna et al. 2022).

No abnormal signs or symptoms were detected among the 10 adult male participants of another clinical pharmacokinetic study. The teas consumed contained either 0.1042, 0.166 or 0.1917 mg/ml of mitragynine and participants were given conditioning doses of 60 ml of kratom tea for seven days followed by a single oral dose of either 60 or 120 ml on day eight of the study (Trakulsrichai et al. 2015).

No adverse events were observed among the 26 participants in a randomized placebo-controlled double-blind study assessing the consumption of kratom tea and its effect on pain tolerance (Vicknasingam et al. 2020).

Case Reports of Adverse Events

Included herein are case reports of adverse events associated with ingestion of what has been described as a traditional kratom product. In many cases however, these

studies provide very limited information on the kratom products themselves. Not all kratom products sold as powders or decoctions are made with leaf materials and even those that are demonstrate a wide range of mitragynine and other alkaloid content even within samples of the same product (Chear et al. 2021; Flores-Bocanegra et al. 2020; Fowble et al. 2019; Griffin et al. 2016; Nacca et al. 2020; Prozialeck et al. 2020; Sharma et al. 2019). Adulterated kratom products in the marketplace have also been reported (Dixon et al. 2019; Prozialeck et al. 2020; Yearsley, 2018). Missing details regarding product identity and characterization can limit the certainty in determining the exact causative agent for any adverse event case study.

A 30-year-old man presented to the emergency department with new-onset jaundice and complaints of abdominal pain, nausea, and dark-colored urine, which occurred progressively over one week. The patient reported that two weeks prior to presentation he began taking unspecified products labeled to contain kratom two to three times per week to treat aches and pains. The patient's initial liver function tests revealed acute liver injury with conjugated hyperbilirubinemia, suggesting cholestatic hepatitis. The patient was prescribed medication for symptomatic relief of nausea and discharged with instructions to discontinue the kratom supplements and to follow up with outpatient gastroenterology. Three weeks after discontinuation of the product, the patient's jaundice fully resolved and liver function tests normalized (Umbuhr et al. 2022).

A 23-year-old man with a history of untreated cutaneous psoriasis and daily marijuana use presented with progressively worsening jaundice, diffuse itching, pale stools, dark urine, vague abdominal discomfort, mild weight loss, excessive fatigue, and easy bruising for one month. The patient reported that within the previous month, he had ingested uncharacterized kratom at a high dose of 30 g per day for 14 days. His last dose was seven days before symptom onset. The patient was diagnosed with a probable drug-induced liver injury (DILI) secondary to kratom consumption using the Roussel Uclaf Causality Assessment Method (RUCAM), with a score of 6. On a follow-up visit four weeks later, he continued to have severe pruritis and persistent jaundice, moderate abdominal pain, pale stools, and dark urine. Additional treatment was prescribed and on a subsequent follow-up visit four weeks later, he reported improvement in his pruritus and near resolution of his jaundice (Allison et al. 2022).

A 61-year-old male with a history of degenerative lumbar disc disease and hyperlipidemia was referred a nephrology clinic due to unexplained persistent hyperkalemia. The patient was asymptomatic. His medication history included rosuvastatin and he denied nonsteroidal anti-inflammatory drug or antibiotic use, smoking, alcohol intake, and illicit drug abuse. Laboratory work-up from the referring clinic two months prior to visiting the nephrology clinic revealed a serum potassium level of 5.7, 5.6, and 5.8 mmol/l (reference range 3.5 - 5.1 mmol/l) with one- and two-week intervals, respectively, with confirmed absence of sample hemolysis. Repeated serum potassium was 5.3 mmol/l after the patient was put on strict low potassium diet. Upon re-evaluation, the patient reported using uncharacterized kratom for recreational purposes on an almost daily basis for the past four months. One month after kratom discontinuation, his blood chemistry revealed normalization of the potassium level (Aldo Torres-Ortiz 2022).

A 45-year-old female with a medical history that included Crohn's disease, breast cancer, and chronic pain, was brought to the hospital following an episode in which she lost consciousness for six hours after kratom ingestion. She started taking an unidentified kratom product the previous month to treat pain from a burn injury, initially taking up to six capsules per day and then increasing the dose to more than 10 capsules per day a couple of days prior to admission. The patient was experiencing acute hearing loss and diffuse body aches particularly right-sided pain, fatigue, and generalized weakness. The patient was diagnosed with compartment syndrome of the

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right lower extremity and underwent emergency surgery. Postoperatively, the patient developed hypoxia with gross cyanosis of the upper body requiring intubation and mechanical ventilation. She experienced worsening liver and renal function and developed severe rhabdomyolysis causing acute kidney injury from acute tubular necrosis and severe hyperkalemia. After starting hemodialysis, the patient's mental status improved, hearing loss resolved, and she was eventually extubated with improvement in her liver and kidney function. She was eventually discharged home with home health care (Sangani et al. 2021).

A 54-year-old man presented with a large right frontal intracerebral hemorrhage (ICH) of unknown cause. He exhibited intermittent confusion and incoherent speech. He had a history of alcohol and opioid abuse but had not consumed either in 1.5 years, per his spouse. He also had a history of active nicotine use (about 0.25 packs per day), chronic back pain, and hepatitis C with sustained viral response following treatment. The patient had been using an unidentified kratom product as a substitute for opioids for one year. Reportedly, the previous evening, the patient had ingested an unknown quantity of a new brand of kratom (also unidentified) mixed in a smoothie. Shortly after, the patient told his spouse he had a pounding headache and vomited. A head CT revealed a large right frontal ICH with intraventricular extension and mild hydrocephalus. Clinicians suspected that the hemorrhage was a toxic effect secondary to kratom ingestion given the temporal relation to onset of symptoms. It was noted that the kratom substance the patient ingested could have been contaminated with an additional, unidentified substance that could have caused the ICH and the hypothesized relationship between kratom ingestion and the patient's condition is correlational at best. He was discharged home on post bleeding day 12 with no significant residual neurologic deficits. At a follow-up outpatient visit six weeks post discharge, he remained without neurologic deficits (Regan et al. 2021).

A 44-year-old man presented to an emergency room after a witnessed cardiac arrest. At baseline the patient was very active, walking several miles a day. He had a medical history of hypertension and hyperlipidemia, both controlled with medication. The family reported the patient had recently begun consuming "Premium Maeng Da Kratom" in addition to his chronic ingestion of 2–8 caffeine-containing energy drinks daily. Following evaluation in the hospital, the patient was treated for cardiac rhythm control and started on broad-spectrum antibiotics for aspiration pneumonia. He received a subcutaneous defibrillator prior to discharge for secondary prevention with guidance to avoid supplement use. The authors noted that it remains uncertain as to whether the patient's caffeine usage may have contributed to his arrhythmia (Sheikh et al. 2021).

A 37-year-old female with a history of depression and obesity presented to the emergency room with a week-long history of nausea, decreased appetite, fatigue, and two days of jaundice. She noticed her urine was dark and that her stools were becoming lighter in color and eventually turned white. The patient also noticed jaundice and scleral icterus which prompted her to seek treatment. She had been taking venlafaxine for several years and reported that she started using an unidentified herbal supplement containing kratom two weeks prior to the onset of her symptoms. She consumed approximately three grams in total over the course of three days in the form of powder (which she mixed in water) and tablets. Laboratory values were within normal ranges other than markedly elevated liver enzymes. The patient was treated with steroids and discharged on day five of hospitalization; liver enzymes were checked six days after discharge and her symptoms and liver enzymes showed marked improvement. Two weeks following hospitalization, the patient reported feeling back to normal (Gandhi et al. 2020).

A 62-year-old woman with a history of chronic obstructive pulmonary disease and asthma presented at the emergency department due to intractable vomiting, nausea,

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and abdominal cramping that started four hours prior to her arrival. The patient stated that she had spent the day exerting herself and felt progressive musculoskeletal lower extremity joint pain. She did not remain hydrated during this time. At her son-in-law's recommendation, she took two "scoops" (each estimated by the patient to be approximately a teaspoon) of a commercially available powdered kratom preparation. She had previously never consumed kratom. She was treated with anti-emetic medication. She was reassessed in the morning, found to have cessation of her symptoms and was discharged with kratom avoidance precautions (Singh et al. 2020).

A 58-year-old man with schizoaffective disorder (for which he was prescribed quetiapine and sertraline) was admitted to the hospital for jaundice and liver injury. One month before the episode of jaundice, he had started taking a commercially marketed kratom powder daily. He stopped the product when he first noticed dark urine and sought medical help when obvious jaundice arose a few days later. The patient appeared stable overall and was discharged two days later, at which time liver tests showed improvement. The patient had a prior history of jaundice following kratom use that did not result in hospitalization and resolved following discontinuation of the kratom (Dorman et al. 2015).

A 25-year-old man suffering from abdominal pain and displaying noticeable jaundice and pruritus was admitted to a hospital after consulting with his physician. He reported that he had been ingesting a commercially marketed kratom product for two weeks, starting with one to two teaspoons (about 2.3 - 3.5 g) twice daily and then increasing intake to four to six teaspoons daily (about 14 - 21 g). The patient ceased kratom intake and reported that he developed a fever and chills which lasted for about one week. He subsequently developed intense abdominal pain and concomitant brown discoloration of the urine, followed by noticeable jaundice and pruritus. Following a liver biopsy, a diagnosis of canalicular cholestasis was identified. The patient was seen for follow-up and showed slowly falling direct bilirubin levels and abatement of the pruritus (Kapp et al. 2011).

There have also been several case reports in the literature of patients presenting with adverse symptoms after co-ingestion of kratom with illicit drugs and/or substances of abuse. These reports have not been included in this summary as the exact etiology of these cases are unknown. Other case reports describing patients that had consumed non-traditional kratom products, including highly concentrated extracts and isolates, have not been included in this summary, as these products are beyond the scope of this review.

III. Pharmacology and Pharmacokinetics

Human Pharmacological Studies

The pharmacokinetics of mitragynine and 7-hydroxymitragynine were evaluated following single dose and multiple dose administration of an encapsulated kratom dried leaf powder in healthy volunteers consisting of four cohorts of 12 subject each. Pharmacokinetic parameters were assessed after single doses and multiple doses of 500, 1000, 2000, and 4000 mg encapsulated dried kratom leaf powder containing 6.65, 13.3, 26.6, and 53.2 mg of mitragynine, respectively. Time to reach steady state for mitragynine was 8-9 days and 7 days for 7-hydroxymitragynine. Concentrations of 7-hydroxymitragynine originated primarily from mitragynine metabolism as its content in the kratom leaf powder was <0.01% (Huestis et al. 2024).

Administration of a single dose of tea prepared from 2 g of dried kratom leaf powder to healthy adults had no effect on CYP2D6 (probe drug dextromethorphan) activity. The kratom tea demonstrated modest time dependent inhibition of intestinal CYP3A4 (probe drug midazolam) activity suggesting that chronic consumption of kratom

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could lead to a prolonged inhibitory effect, which gradually reversed upon discontinuing kratom (Tanna et al. 2023).

Animal Pharmacological Studies

Pharmacological studies on kratom have been focused on its alkaloids, particularly on mitragynine, the predominant alkaloid present. Studies in mice have shown mitragynine acting as a partial agonist at the μ -opioid receptor, lacking recruitment of β -arrestin 2 (Grundmann et al. 2023b; Gutridge et al. 2020; Henningfield et al. 2022; Obeng et al. 2022). Several mouse studies have shown evidence suggesting that mitragynine and other kratom alkaloids are agonists of the alpha-2-adrenergic, dopaminergic, and serotonergic receptors (Hazim et al. 2014; Idayu et al. 2011; Matsumoto et al. 1996). At doses of 15 and 30 mg/kg in rats, mitragynine significantly reduced TRPV1 receptor expression and suppressed COX-1 and COX-2 expression without sedation, suggesting its analgesic effects may be mediated through anti-inflammatory and non-opioid receptor pathways (Mat et al. 2023).

In Vitro Pharmacological Studies

In vitro studies have shown kratom alkaloids to be partial agonists of the μ -opioid receptor and competitive antagonists of the δ -opioid and κ -opioid receptors (Kruegel et al. 2016; Obeng et al. 2020; Váradi et al. 2016). Studies show that mitragynine and 7-hydroxymitragynine demonstrate functional selectivity for G-protein signaling at the μ -opioid, δ -opioid and κ -opioid receptors with no measurable recruitment of β -arrestin 2 (Gutridge et al. 2020; Kruegel et al. 2016; Todd et al. 2020; Váradi et al. 2016). These observations, supported by similar observations from in vivo studies, demonstrate that kratom alkaloids exert mechanistic actions that differ significantly from opioids, which has resulted in researchers classifying the kratom alkaloids as “atypical opioids” (Hiranita et al. 2019; Raffa et al. 2018).

IV. Pregnancy and Lactation

A few reports of Neonatal Abstinence Syndrome (NAS) have been attributed to maternal kratom use. Two cases were reported in the United States, one in Canada, and one in Thailand. Infants displayed symptoms of irritability, facial excoriations, resting tremors, hypertonia and tachypnea. In all cases, symptoms were effectively managed and treated (Eldridge et al., 2018).

No information on the safety of kratom during lactation was identified.

V. Toxicity Studies

Acute Toxicity

Calculated LD₅₀ values of orally administered mitragynine and kratom alkaloid extract was reported to be 477.1 and 591.6 mg/kg respectively in male Swiss albino mice (Sabetghadam et al. 2013).

Rats given a kratom aqueous extract at doses of 175, 500, and 2000 mg/kg showed no mortality. Mean corpuscular hemoglobin concentrations were significantly decreased for female rats at doses of 500 mg/kg and 2000 mg/kg. All treatment groups showed evidence of steatosis on several parts of the liver. Centrilobular necrosis on several parts of the liver was observed in the male rat group dosed at 2000 mg/kg. No other significant alterations in biochemical, hematological, and morphological parameters signaling toxicity were observed (Kamal et al. 2012).

No mortality was noted in an acute toxicity study that administered doses of 100, 500, and 1000 mg/kg kratom standardized methanol extract over 14 days to Sprague-Dawley rats. No effects on body weight, food and water consumption, absolute and relative organ weights, and hematology parameters were shown. A dose of 1000 mg/kg induced severe hepatotoxicity and mild nephrotoxicity (Harizal et al. 2010).

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A standardized aqueous extract of kratom was administered at doses equivalent to either 10, 50, and 150 mg/kg of mitragynine daily for 28 consecutive days to Sprague-Dawley rats. No mortality was found and no significant changes in body weight and hematology profile were observed except for low platelet count. Gross examination of the heart and lungs was normal for all groups; however, shrinkage of the glomeruli and collapse and degradation of the renal tubules were observed in the kidney of some rats in the 50 and 150 mg/kg dosing groups. Mild cytoplasmic vacuolations were observed in female rats. Elevated alkaline phosphatase levels were observed in female rats treated with 50 and 150 mg/kg and in the male treated rats treated at 10 mg/kg. Kidney and liver weights increased markedly in male rats, however kidney and liver architecture were unaltered (Hassan et al. 2023).

Genotoxicity

No mutagenic activity was found for frameshift mutation (TA98) and base-pair substitution (TA100) for kratom aqueous extracts at concentrations of 50, 12.5, and 3.125 mg/ml (Ghazali et al. 2011). Mitragynine was not found to be genotoxic in the presence or absence of a metabolic activation system in a L5178 TK^{+/−} mouse lymphoma cell assay at concentrations up to the 75 μM (Saidin et al. 2015).

Cytotoxicity

The IC₅₀ following 24 h treatment of SH-SY5Y cells with mitragynine was reported to be 7.5 x 10^{−5} M (Saidin et al. 2015).

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Print Page



From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Banning of 7-0 and Kratom Jan. 21 2026
Date: Tuesday, January 20, 2026 10:48:47 AM

CAUTION: External Email. Proceed Responsibly.

To whom it may concern,

I am the Chief Executive Officer of a company employing over 125 staff members; therefore, maintaining focus and energy is of utmost importance. This is precisely the reason I utilize Kratom. Approximately ten years ago, I was consuming a substantial amount of strong coffee, which led to adverse effects such as jitters, headaches, and inevitable crashes. A close friend subsequently introduced me to another plant in the coffee family, Kratom. I have found that Kratom provides a similar energy boost and enhances focus, akin to coffee, but without the negative side effects.

I acknowledge that, like many aspects of life, moderation is essential, and there will always be a minority who overindulge, experiencing negative consequences. However, this principle applies broadly across our society. It is unjust to prohibit something that benefits many solely to safeguard a few individuals. Proper regulation is the appropriate course; this includes implementing minimum age restrictions, conducting basic testing, and ensuring proper labeling with warnings for those who may lack self-discipline. Criminalizing responsible adults overnight is an inappropriate solution in this context.

Thank you,

Brandon Brock

[REDACTED]

19 January, 2026

Proposed Regulation Concerning: SD4 Preventing Deaths Related to Kratom and 7-hydroxymitragynine

To whom it may concern,

My name is Erin C Berthold and I received my PhD in Pharmaceutics from the University of Florida looking at the therapeutic potential of kratom and its alkaloids.

I am writing to urge the Board of Supervisors to consider thoughtful regulation regarding kratom (*Mitragyna speciosa*). Any semi-synthetic or synthetic compounds derived from kratom (i.e., 7-hydroxymitragynine) are novel substances with no history of safe use, and as such, should not be available in the California marketplace. On the other hand, the data shows that kratom botanical products should be regulated, but not banned, as the potential public health impact and risk profile do not support that. Regulations that identify serving sizes, prohibit adulterants and synthetic alkaloids, and define labeling requirements would be much more prudent than an outright ban.

Regulations are necessary to both protect access and protect public health. Access must be maintained for the millions of Americans who benefit from kratom use. And the public health must be protected from the potential risks of novel compounds derived from kratom being available in the marketplace.

I believe kratom – the botanical – when used responsibly and with proper education has the potential to become an additional tool to combat the drug abuse and overdose epidemic that continues to plague the United States. Legislation should reflect that and ensure that individuals have access to safe, responsibly manufactured kratom products.

Sincerely,

A handwritten signature in black ink, appearing to read 'Erin C Berthold', with a stylized, flowing script.

Erin C Berthold, PhD
Founder
Planted in Science Consulting, LLC

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: comment on SD4: Preventing Deaths Related to Kratom and 7-Hydroxymitragynine
Date: Tuesday, January 20, 2026 9:44:47 PM
Attachments: [Screen Shot 2023-09-28 at 7.14.28 PM.png](#)

CAUTION: External Email. Proceed Responsibly.

Hello LA County Board of Supervisors-

I am writing to urge the body convening today to *please* reconsider any plans of any county-wide banning of the natural Kratom herb that has helped so many Americans for many years now.

Kratom has helped me leave behind numerous dangerous, addictive substances, and has allowed me to healthfully function and overcome many personal issues for decades now (and, even more importantly I have seen many cases of folks, including military vets with PTSD, overcome even more crippling afflictions than mine..).

So, bottom line: **regulation, *not* banning** kratom is the *only* way to handle this situation in a fair and compassionate way, and *not* lumping in the natural kratom plant that has been in use for centuries with the relatively-new (and indeed dangerous) rise of the synthetic 7-OH.

Thanks,

Damian C. Cohn
Senior Audio Editor/Engineer



[Petaluma Radiophonic Workshop](#)



From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Cc: [REDACTED]
Subject: Concern Regarding Ban
Date: Tuesday, January 20, 2026 11:34:38 AM

CAUTION: External Email. Proceed Responsibly.

I'm writing to express concern about the upcoming ban on kratom products.

These products have helped me significantly reduce and avoid alcohol, which has had a much more negative impact on my life. With kratom I feel present, clear-headed, and able to get through my day without feeling impaired. I can function normally and sleep at night—something alcohol never provided.

For me, this is about harm reduction and stability, not misuse. Removing access may unintentionally push people back toward more harmful substances like alcohol.

I hope experiences like mine can be considered before final decisions are made.

Thank you,
Rachel LaManna

Municipal Kratom Legislation

Definitions. For purposes of this section, the following definitions apply:

1. “Kratom leaf” means the leaf of the kratom plant (*Mitragyna speciosa*) in fresh or dehydrated (dried) form.
2. “Kratom extract” means a substance or compound obtained by extraction of the *Mitragyna speciosa* leaf, intended for ingestion, containing more than trace amounts of *Mitragyna speciosa* and contains other alkaloids of the kratom plant, which does not contain any controlled substances or levels of residual solvents higher than is allowed in the U.S. Pharmacopeia 467
3. “Kratom product” means a food or dietary supplement that consists of or contains kratom leaf or kratom leaf extract.
4. “Synthesized” means an alkaloid or alkaloid derivative that has been created by chemical synthesis or biosynthetic means (including but not limited to; fermentation, recombinant techniques, yeast derived, enzymatic techniques), rather than traditional food preparation techniques such as heating or extracting. Or has been further exposed to chemicals and/or processes that would confer a structural change in the alkaloids contained within the extract.
5. “Attractive to children” means products that:
 - a. Are manufactured in the shape of humans, cartoons, or animals.
 - b. Are manufactured in a form that bears any reasonable resemblance to an existing candy product that is familiar to the public as a widely distributed, branded food product, such that the product could be mistaken for the branded product, especially by children.
 - c. “Processor” means a person that manufactures, packages, labels, or distributes kratom products or advertises, represents, or holds itself out as manufacturing, preparing, packaging, or labeling kratom products.

Restrictions.

1. No person shall sell, offer for sale, provide, or distribute kratom product to a person under twenty-one (21) years of age.
2. No person or entity shall offer for sale any kratom product that contains or is adulterated with synthesized kratom alkaloids or synthesized kratom constituents.
3. An online retailer or marketplace of kratom products shall implement an age-verification system to ensure compliance with age restrictions.
4. No person shall sell, offer for sale, provide, or distribute a kratom product that contains 7-hydroxymitragynine at a level above 2% of the alkaloid fraction of the kratom product.
5. An individual, business, or other entity shall not produce, sell, or distribute a kratom product that is attractive to children.
6. No person shall distribute kratom consumable products through displays accessible to the public without the assistance of a retailer's employee or agent other than in an establishment open only to persons 21 years of age or encased where other products accessible to persons 21 years of age are stored.

Penalties.

- a. Penalties for all violations:
 - i. A civil penalty up to one thousand dollars (\$1,000.00) for the first offense, and up to five thousand dollars (\$5,000.00) for a second offense.
 - ii. For a third violation and each subsequent violation, the person shall be fined a minimum of five thousand dollars (\$5,000.00), up to a maximum of twenty thousand dollars (\$20,000), and shall be prohibited from selling kratom products in the XXX for three (3) years.

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: HEARING TOMORROW - PLEASE DO NOT SCHEDULE 7-OH-MIT / 7-HYDROXYMITRAGYNINE PRODUCTS
Date: Tuesday, January 20, 2026 9:58:39 AM

CAUTION: External Email. Proceed Responsibly.

Hello,

I am a resident of L.A. County and write regarding the agenda tomorrow. I urge L.A. County to:

- **Reject any effort to ban or criminalize 7-OH or kratom**
- Recognize that prohibition does not improve public safety
- Pursue **non-criminal, evidence-based regulation** that protects consumers
- Avoid targeting one alkaloid (7-OH) while leaving the rest of the kratom market unregulated

Sincerely,
Evan Schwartz

[REDACTED]

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Kradom
Date: Tuesday, January 20, 2026 11:28:02 AM

CAUTION: External Email. Proceed Responsibly.

Hello, I would like to say kradom is not 7oh and should not be lumped in with that. Kradom helps millions with pain please consider leaving kradom alone. 7oh can go. But please leave kradom alone for those who need relief.

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Kratom & 7OH Hearing
Date: Tuesday, January 20, 2026 9:56:38 PM

CAUTION: External Email. Proceed Responsibly.

Hello,

I'm writing to add my voice to those who are looking for safe and sane paths to regulate kratom and 7OH. These supplements have unique properties that help people function in their daily lives when other treatments have been unsuccessful or come with unwanted side effects.

In small amounts, kratom functions like a shot of caffeine without the jitters, an antidepressant without the dulling of emotions, and a social lubricant without the loss of rational thinking or motor skills brought on by alcohol. It can help someone who is depressed get out of bed and clean the apartment, or someone who struggles with anxiety feel at ease talking to people in social situations. There is no hangover, no loss of self control, or extra calories. It's helped people quit more destructive substances.

With any product that could be misused, such as alcohol, marijuana and cough syrup, it makes sense to regulate who can buy it with an age restriction. It is also safe and sane to regulate the product itself with mandatory testing for adulterants. Legal sale of these products can be made safe using these tried and true methods.

The danger of banning these products is that it creates an underground black market of unregulated sellers who could sell products that are mislabeled or adulterated with unwanted substances (ex. fentanyl). This is a strong concern of mine, having several friends who feel they need this product, as other supplements and medications have been unsatisfactory.

This also creates a slippery slope. People who would normally not resort to the black market to purchase these products will cross a crucial barrier. They are no longer picking up the product at the local smoke shop or corner store, they are meeting with strangers on the Internet, unregulated home brewers, and dealers of other illicit substances that are now easily accessible and normalized to the person.

Even if it doesn't create a "gateway" effect, the person still has to live with fear of legal recourse and shame around having to hide their purchases, which will make them less likely to seek help if they fall into misuse. Shame is a huge factor in the cycle of addiction.

Lastly, making kratom and 7OH illegal will lead to people being prosecuted as criminals for simply trying to alleviate their medical issues and be functioning members of society. So many people use these products not as a way to drop out, but as a tool to help them thrive. They take it because they want to get out of bed, work hard and care for their families without the hindrance of chronic pain or anxiety and depression. Let's not punish people for seeking alternative medicine and plant based solutions over pharmaceutical ones. Let's help them access these products safely, regulated and in the light of day, not the black market of unknown scruples.

Thank you,

Carolyn L.

Sent from my iPhone

To whom it may concern:

My name is Marc and I am a 33 year old male. My experience with Kratom and its legality is the focus of this letter.

I have had a long and treacherous battle with substance abuse. I have had multiple recurring bone tumors on the medial side of my tibia below my knee. The diagnosis and subsequent surgeries started at the age of 14. I have had six major surgeries on my right leg. Three of which were for tumor removal and the other three for MRSA treatment and debridement. My knee is completely damaged from the tumor destroying the top of my tibia and the MRSA completely eating away at my meniscus and cartilage. I have severe chronic and acute pain in that leg because of this. I am not a candidate for a knee replacement due to the bone being too damaged and not a stable site for the new artificial joint. I have also been in a severe car accident that lacerated my left arm, broke the fibula in my left leg, and tore the meniscus in my left knee.

The treatment of these ailments came with a lot of prescribed narcotic pain medications on a regular basis from age 14 on. My tolerance to these medications started to grow astronomically over 15 years and they stopped working effectively. I eventually was buying OxyContin on the street and abusing them heavily. This eventually led to IV heroin and cocaine use and the loss of anything of real value I had. I struggled with this crippling addiction for 18 years. I tried methadone, Suboxone, Vivitrol, complete abstinence and had NO significant success with any of them. Finally, I found that a strong 12 step recovery was what I needed, and it would work temporarily but the physical pain I suffer from would become too much and I would relapse on opiates. 5 1/2 years ago, I found kratom and decided to try it for pain relief. It helps me with pain, it helps me sleep, curbs craving, allows me to function and participate in activities of daily living without being in extreme pain. I do not have extreme tolerance building problems with kratom like I did with traditional opioids. The side effects are extremely minor and do not impair my judgment or ability to function.

I am up at 4:30 AM every day and at the gym by 4:45 cycling for an hour. I have lost weight in a healthy fashion due to my exercise and diet change that

kratom has helped me make. I am much more positive about taking care of myself and am able to be present for life. My pain hasn't completely vanished, but it is manageable due to kratom. I am the healthiest and happiest I have ever been in my entire life! My spiritual growth has been a big factor as well in my 12 months of sobriety along with kratom. I have found that these two things working in harmony have literally saved my life! I am a completely different person, and my family has their son back. I do not want to die and the fact that this harmless plant is being targeted makes me scared for my life. Let's focus on alternative rehabilitation and recovery methods. Let's focus on the fentanyl and other analogues specifically...NOT A NATURAL BOTANICAL! Please...let's take a step back here and look at the success stories and reanalyze things.

Making this plant illegal will immediately criminalize innocent Americans that will suffer if kratom is taken away. The war on drugs has been a failure and taking away such a helpful tool people use to avoid lethal prescription drugs and heroin/fentanyl will cause even more deaths. People have bad reactions to everything. The number of hospitalizations and deaths from acetaminophen is astronomically higher than deaths supposedly caused by kratom. People are almost always having issues from polysubstance use where kratom is not the only drug in their system.

Thank you for taking the time to read this. I hope you show empathy for chronic pain and recovering addicts that use this plant. Let's work with the American Kratom Association on advocating for safe manufacturing practices to ensure adults have access to pure and unadulterated kratom products in the USA.

Sincerely,

Marc Perdue

Email: [REDACTED]

Rahul Gupta, MD, MPH, MBA, FACP

November 14, 2025

Dr. Erica Pan, MD, MPH, FIDSA, FAAP
Director, California Department of Public Health

Subject: Request for Review of California Department of Public Health Policy on Kratom

Dear Dr. Pan,

I am writing this letter in my personal capacity having recently served as President Biden's Director of the Office of National Drug Control Policy at the White House and as someone who has had the privilege of serving as West Virginia's State Health Officer under two governors. As the first physician to serve in this role leading to historic drops in drug overdose deaths and with experience at both the state and federal levels, I have seen firsthand how evidence-based, balanced policymaking can protect public health while also preserving access to safe, regulated products.

I respectfully request your review of recent enforcement action by the California Department of Public Health (CDPH) banning the sale and manufacture of all kratom products in the state.¹ While the Department's public health mission is commendable, this action is inconsistent with the most current federal scientific findings and FDA policy direction regarding natural kratom leaf products and their clear distinction from chemically manipulated 7-hydroxymitragynine (7-OH) products that do pose legitimate safety threats.^{2 3}

During my tenure as Director of the White House Office of National Drug Control Policy under President Biden, I had the privilege of helping guide President Biden's first steps toward modernizing federal cannabis policy—an effort grounded in rigorous science, compassion, and a recognition that evidence, not stigma, must drive our public health decisions.⁴ We learned then, as now, that durable policy requires a *measured, evidence-based approach*—one that protects consumers without conflating natural, lower-risk products with synthetic or adulterated substances that present genuine harm.

This leadership from California was recently demonstrated when it refined its hemp regulations, preserving access to safe, non-intoxicating products while restricting those with artificially elevated cannabinoid concentrations. That balanced approach is precisely what is now needed for kratom: to separate natural botanical forms from chemically manipulated derivatives, aligning state policy with emerging federal science and the public interest.

¹ California Department of Public Health. *Foods, Dietary Supplements and Medical Drugs containing Kratom and 7-OH are Dangerous and Illegal to Sell or Manufacture*. NR25-016, October 24 2025.

Available at <https://www.cdph.ca.gov/Programs/OPA/Pages/NR25-016.aspx>

² U.S. Food & Drug Administration. *FDA and Kratom*. (Public Health Focus) Available at <https://www.fda.gov/news-events/public-health-focus/fda-and-kratom>

³ U.S. Food & Drug Administration. *FDA Takes Steps to Restrict 7-OH Opioid Products Threatening American Consumers*. Press Announcement, July 29 2025. Available at <https://www.fda.gov/news-events/press-announcements/fda-takes-steps-restrict-7-oh-opioid-products-threatening-american-consumers>

⁴ The White House Office of National Drug Control Policy. Dr. Gupta Statement on President Biden's Pardon Announcement. October 6 2022. Available at <https://bidenwhitehouse.archives.gov/ondcp/briefing-room/2022/10/06/dr-gupta-statement-on-president-bidens-pardon-announcement/>

Rahul Gupta, MD, MPH, MBA, FACP

Federal Developments Supporting Re-evaluation:

1. FDA Advances in Kratom Research

The U.S. Food and Drug Administration (FDA) recently completed a human dose-finding study indicating that natural kratom leaf was well-tolerated at all tested dose levels with no serious adverse events. These findings contradict earlier speculative models suggesting opioid-like dangers and reinforce FDA leadership's stated commitment to apply "gold-standard science and common sense" to low-risk botanical products.⁵

2. FDA Commissioner's Clarification on 7-OH

On July 29, 2025, FDA Commissioner publicly drew a clear distinction:⁶

"Our enforcement focus is not on kratom leaf itself but on 7-hydroxymitragynine and other chemically concentrated byproducts that act as potent opioids and pose a genuine danger to consumers."

3. FDA Policy Under Revision

The CDPH's October 24 advisory ("Foods, Dietary Supplements and Medical Drugs Containing Kratom and 7-OH are Dangerous and Illegal to Sell or Manufacture") relies on statements from an FDA webpage that is currently under review to reflect updated human safety data and the federal distinction between botanical kratom and synthetic 7-OH products. Acting prematurely on outdated language risks misclassifying lower-risk botanical products as dangerous and stifling evidence-based harm-reduction innovation.

4. NIDA and Federal Research Support

Dr. Nora Volkow, Director of the National Institute on Drug Abuse (NIDA), has publicly stated that kratom "could hold value as a treatment for addiction" and merits continued research as a harm-reduction tool amid the opioid overdose crisis.⁷ NIDA has invested more than \$100 million in peer-reviewed studies demonstrating kratom's comparatively low addiction liability and potential therapeutic applications.

5. California Legislative Momentum

The California State Assembly unanimously passed AB 1088, establishing a regulatory framework for natural kratom products—registration, age restrictions, and labelling requirements—while explicitly prohibiting 7-OH and related synthetic derivatives.⁸ The CDPH's blanket enforcement action is inconsistent with that bipartisan legislative intent.

A Path Forward:

In an era when misinformation and reactionary policy too often displace evidence, California can once again set a national standard by adopting a measured, evidence-based approach—one that

⁵ See Ref. 2

⁶ STAT News. *7-OH elevated levels, FDA crackdown, kratom regulation, schedule I?* July 29 2025. Available at <https://www.statnews.com/2025/07/29/7-oh-elevated-levels-fda-crackdown-kratom-regulation-schedule-i/>

⁷ U.S. House of Representatives Committee on Appropriations. *FY 2022 Budget Request for the National Institutes of Health* (Hearing). Available at <https://appropriations.house.gov/events/hearings/fy-2022-budget-request-for-the-national-institutes-of-health>

⁸ California Legislature. Bill CAB00034970. *Bill Search, 2025-2026 session*. Available at: <https://fastdemocracy.com/bill-search/ca/2025-2026/bills/CAB00034970/>

Rahul Gupta, MD, MPH, MBA, FACP

differentiates safe, natural botanicals from synthetics, fosters transparency, and upholds public trust. I understand that while local jurisdictions in California are enacting their own ordinances, a Joint Legislative Hearing is also being considered to discuss the distinct differences between natural kratom leaf products and the dangers of chemically manipulated 7-OH products with the goal of setting a consistent statewide policy on these products.

Your leadership on this issue would not only align California with emerging federal science but also reaffirm the state's role as a model for pragmatic, data-guided public health policy.

Thank you for your continued leadership and commitment to evidence-based policymaking. I stand ready to support your Department's review in any way that may be helpful.

Respectfully,



Rahul Gupta, MD, MPH, MBA, FACP

President, GATC Health
Former Director, White House Office of National Drug Control Policy (2021-2025)

Cc:
The Honorable Gavin Newsom, Governor
State of California

Attn: Nathan Barankin, Chief of Staff

Maral Farsi, Deputy Director
Office of Legislative & Governmental Affairs
California Department of Public Health

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Kratom commentary
Date: Tuesday, January 20, 2026 9:50:42 AM

CAUTION: External Email. Proceed Responsibly.

Hello, I use kratom in its natural form. As a tea. Its disappointing to read that a local government entity is proposing a blanket ban on all forms of kratom. I use kratom for severe back pain. I cannot write anything substantial about synthetic 7-OH. I used it once, it wasn't different than kratom tea for me. Actually, weaker in effect for pain, and much more expensive; I don't care about this. In my opinion, natural forms of kratom are self-regulating. Use too much, one tends to vomit. Its fine as it is. Local governments can back off a bit in attempting to regulate our private affairs, in general. It doesn't work, and there is currently enough anger in the air already over many things. Please use common sense in regards to natural forms of kratom. Thank you, Kindest Regards, Mark Poulin

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Kratom is NOT 7OH
Date: Tuesday, January 20, 2026 11:24:45 AM

CAUTION: External Email. Proceed Responsibly.

I repeat Kratom is NOT 7 OH

I have been using Natural, ground up Kratom for chronic pain management for 12 years now.

I have had NO harmful side effects to report. NONE ZILCH. I do rely on it.

I have no other source of pain management other than highly addictive opioids. I have been clean and sober for 25 years and don't want to go near opioids.

I have heard of some synthetic [fake stuff] out there called 7 OH.

I do NOT want to try this, I never will, and do NOT want this mentioned in the same category as what naturally grows here on earth.

Please don't categorize something man-made and harmful with something God gives us for pain.

Anything can be overdone - like FOOD - Hello? - and America's 50% obese population.

Please leave naturally occurring Kratom alone in your regulatory capacity

and **do** consider regulations on

synthetic elements made by opportunists

that merely want to prey on people for profit.

Thank You, Damon Duval - Oxnard, CA

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Kratom- Jasmine Garcia-Delgadillo
Date: Tuesday, January 20, 2026 8:20:33 PM

CAUTION: External Email. Proceed Responsibly.

Hello,

My name is Daniel Phan, and I am writing to express my strong opposition to the scheduling of kratom or any of its alkaloids, including 7-hydroxymitragynine (7-OH),

My position is based on both personal experience and established pharmacology. I live with debilitating back pain and have used kratom and 7-OH for pain management, and have seen others successfully use them as safer alternatives to traditional Medication Assisted Treatment (MAT). Pharmacologically, 7-OH is a partial μ -opioid receptor agonist with a ceiling effect, similar to FDA-approved MAT medications such as buprenorphine (Suboxone).

Because of this ceiling effect, 7-OH—like buprenorphine—produces minimal to no respiratory depression. This is precisely why partial agonists are considered substantially safer than full agonists and are used clinically to reduce overdose risk. Even methadone, a full agonist with known overdose potential, remains legally prescribed within MAT programs, while available evidence does not demonstrate comparable risks for 7-OH.

If 7-OH were as dangerous as some claim, this would be reflected in public health data. It is not. Reviews of FDA Adverse Event Reporting System (FAERS) data and independent analyses show no confirmed deaths attributable to 7-OH alone. In cases where it was present, other high-risk substances—most often fentanyl—were also involved.

Rather than prohibition, regulation is the rational, evidence-based approach. Substances with safer pharmacological profiles and demonstrated harm-reduction value should be regulated according to risk, not scheduled alongside drugs with fundamentally different dangers. Treating 7-OH in a manner analogous to MAT medications reflects both its safety profile and potential public health benefit.

I respectfully urge you to examine the pharmacology, safety data, and conclusions of researchers, including those at HART and other independent organizations. Public policy should follow science, not fear.

Sincerely,
Daniel Phan

Sources

Partial agonist activity, receptor signaling, and mechanism

<https://pmc.ncbi.nlm.nih.gov/articles/PMC5189718/>

Human pharmacokinetics of mitragynine and 7-OH (clinical data)

<https://www.mdpi.com/1420-3049/29/5/984>

Comparison to Medication-Assisted Treatment (MAT)

<https://www.ncbi.nlm.nih.gov/books/NBK459126/>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6585403/>

<https://insight.jci.org/articles/view/156973>

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Kratom
Date: Wednesday, January 21, 2026 11:31:57 AM

CAUTION: External Email. Proceed Responsibly.

Members of the Los Angeles Health Board,

My name is Jordan Richard. I am the author of *The Truth About Kratom: Life-Saving Plant or Botanical Menace?* I have spent years traveling across the United States and Southeast Asia interviewing leading scientists, toxicologists, policymakers, farmers, and people whose lives have been directly affected by kratom. I am here today to urge you not to ban kratom.

In 2024, the [U.S. Food and Drug Administration](#) released its first-ever human-focused study concluding that kratom appears to be safe when used responsibly. FDA Commissioner [Marty Makary](#) has also publicly clarified that the agency's concern is not with natural kratom leaf, but with isolated and semisynthetic compounds, specifically 7-hydroxymitragynine, commonly referred to as 7-OH.

Conflating natural kratom with 7-OH is scientifically inaccurate and dangerously misleading. Kratom is a whole leaf containing dozens of alkaloids that work together in balance. 7-OH, as it appears in high concentrations in modern products, is not representative of the natural plant and should not be treated as such. Banning kratom because of 7-OH is like banning coffee because someone isolated and concentrated caffeine into a pill.

I would strongly advise this board to follow the path that [Orange County](#), [Huntington Beach](#), [Riverside County](#), and several other jurisdictions have recently taken: regulating the natural kratom leaf while banning synthetic and semisynthetic products. This approach protects public health without

punishing responsible consumers or driving people toward far more dangerous alternatives.

It is also important to note that the [California Narcotic Officers' Association](#) is in full support of banning high-potency 7-hydroxymitragynine products while allowing the regulated sale of natural kratom leaf. When both public health experts and narcotics professionals agree on a targeted, evidence-based approach, that should carry significant weight in this discussion.

On the international level, the [World Health Organization](#) conducted a formal review of kratom and concluded that there is insufficient evidence to warrant a global ban. This further underscores the importance of proportional, science-based policy rather than sweeping prohibition.

I have personally interviewed experts from institutions such as [Johns Hopkins University](#), including researchers who have conducted large-scale surveys showing that kratom is associated with harm reduction, improved quality of life, and reduced use of far more dangerous substances such as opioids. These findings stand in direct contrast to the fear-based narratives often cited in support of bans.

I have also been to Indonesia, where kratom has been used traditionally for generations. I have met the farmers, the families, and the communities whose livelihoods depend on this plant. The reality on the ground looks nothing like the crisis portrayed in headlines. What I consistently see instead are people using kratom as a tool, not an intoxicant, and doing so without the patterns of harm seen with traditional opioids.

From personal experience, kratom saved my life. I am a former heroin addict. Today, I am a husband, a father of five, and a business owner. Kratom allowed me to rebuild my life without returning to substances that were actively killing me. I am far from alone. Millions of Americans share similar stories, yet their voices are often excluded from these discussions.

A ban would not eliminate demand. It would simply push people toward unregulated markets or back to far more dangerous substances. History has shown us repeatedly that prohibition creates harm where regulation could prevent it.

I fully support regulation. I support age limits, labeling requirements, testing standards, and the removal of dangerous synthetic and semisynthetic products like high-potency 7-OH from the market. What I do not support is banning a natural plant that, by the government's own recent data and international review, appears to be safe and is helping people stay alive.

I respectfully ask this board to base its decision on current science, clear distinctions, and real-world outcomes, not fear or outdated assumptions. Do not ban kratom. Regulate it responsibly, as other California jurisdictions already have, and you will protect public health far more effectively.

Thank you for your time and consideration.

████████████████████

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Kratom/7-OH/Mitragynine criminalization
Date: Tuesday, January 20, 2026 10:42:14 AM

CAUTION: External Email. Proceed Responsibly.

Hi there,

I am writing to you today to voice my firm opposition of any criminalization or ban of supplements containing kratom or kratom-related alkaloids such as mitragynine and 7-hydroxy-mitragynine - these supplements are incredibly useful for so many people and millions of people [both in California and elsewhere] have used these supplements successfully to stop using dangerous street narcotics or even alcohol and nicotine. Tens of millions use this plant and its alkaloids every single day with no ill health effects, hospitalizations or physical harm. If used responsibly, these supplements can be extremely helpful in narcotic cessation, control of chronic pain/depression/anxiety, as a sleep-aid and mood elevator, or even simply to make one more productive at work. It is not unlike kava - which enjoys full legality and is an established alternative to alcohol for many people.

The scientific evidence is clear: these supplements are not dangerous or harmful when used responsibly, there is no potential for overdose deaths with these supplements and in fact they PREVENT overdose deaths. Criminalization of these alkaloids would absolutely be a disaster for public health - and would render millions of law-abiding citizens into felons basically overnight.

Please reject any initiatives to ban or criminalize this plant and its alkaloids and keep it legal. Governments have gone in the right direction regarding cannabis - we should continue this trend in favor of kratom and 7-hydroxy-mitragynine. I personally used kratom to cease using alcohol - successfully, and I have used it now for more than eight years to help with chronic pain and anxiety, with absolutely no ill effect on my health whatsoever. I urge you to keep these supplements legal - regulation is far better than criminalization, to keep it out of the hands of minors, but criminalization would certainly be a step in the wrong direction and a disaster for public health.

Thank you,
Z.D.I



KRATOM: FACT VS. FICTION

More than 2 million Americans safely consume Kratom to improve their health and well-being and have done so for decades. It is regulated by the U.S. Food and Drug Administration (FDA) as a dietary supplement, and people who consume Kratom report doing so for the same reasons as people who drink coffee, tea, or other caffeinated beverages. Surveys show that Kratom consumers are educated, middle-income, employed, and have health insurance. Despite being used responsibly for decades in the United States, there are many misconceptions about Kratom, making it difficult to tell fact versus fiction.

FICTION:

Kratom is an opioid just like heroin.

FACT:

Drugs like heroin, oxycodone, and other “classic” opioids are full opioid agonists, meaning they fully bind to and activate the brain’s receptors. Kratom, on the other hand, is a partial agonist, producing milder effects with lower dependence and abuse potential. Evidence suggests Kratom does not cause respiratory depression like other opioids, a common cause of fatal overdoses.

FICTION:

Kratom should be classified as a Schedule I controlled substance, ranking it higher than cocaine and methamphetamine.

FACT:

Schedule I substances are without accepted medical use and have a high potential for abuse. Published analyses have shown that Kratom does not meet the test to be a Schedule I drug and does not fit into the FDA’s 2017 abuse potential assessment guidance. Respondents to official surveys from the federal Substance Abuse and Mental Health Services Administration do not report abusing Kratom or seeking treatment for Kratom dependence, refuting claims from treatment clinics that Kratom abuse is prevalent. While many independent scientists have said Kratom holds the potential to address pain, scheduling Kratom will make any further research on the product virtually impossible.

FICTION:

Kratom is highly addictive and prone to abuse.

FACT:

Similar to coffee, tea, and other caffeinated drinks, consumers may become dependent on Kratom with daily use, which is not the same as addiction. Many people need a cup of coffee to wake up in the morning, but we wouldn’t say that they’re “addicted” to coffee. “Withdrawal” symptoms of Kratom are comparable to those of caffeine, nicotine smoking cessation aids, or antidepressants. Unlike substances with high abuse potential, increasing the dosage of Kratom does not lead to exponentially stronger euphoriant effects.

FICTION:

Kratom is responsible for more than 44 deaths according to the U.S. Food and Drug Administration (FDA).

FACT:

There are no deaths directly linked to Kratom consumption. Recently published studies found no evidence of deaths linked to Kratom, and publicly-available data show that nearly all of the recently reported fatalities were found to have multiple substances present in their system at the time of death and/or prior health issues. Contrast this with the fact that more than 115 Americans die daily from opioid overdoses, according to The National Institute on Drug Abuse, while millions consume Kratom safely and responsibly.

FICTION:

The Kratom industry has no production standards or consumer safety protocols.

FACT:

Kratom is regulated by the FDA. To provide consumers with safe, high-quality products, the Kratom Trade Association requires its members to adhere to a strict set of principles, sets product testing protocols exceeding Good Manufacturing Practice (GMP) guidelines, and assists manufacturers in obtaining GMP facilities certifications. The organization also supports age restrictions and labeling guidelines outlining responsible use.

Sources: Henningfield, J. E., Fant, R. V., & Wang, D. W. (2018). The abuse potential of kratom according the 8 factors of the controlled substances act: Implications for regulation and research. *Psychopharmacology*, 235(2), 573–589.
Pinney Associates. (November 28, 2016). Assessment of Kratom Under the CSA Eight Factors and Scheduling Recommendation.
Kruigel, A. C., Gassaway, M., Kapoor, A., Várad, A., Majumdar, S., Filizola, M., Javitch, J., & Sames, D. (2016). Synthetic and Receptor Signaling Explorations of the Mitragyna Alkaloids: Mitragynine as an Atypical Molecular Framework for Opioid Receptor Modulators. *Journal of the American Chemical Society*, 138 (21), 6754–6764.
Grundmann, O. (2017). Patterns of Kratom use and health impact in the US — Results from an online survey. *Drug and Alcohol Dependence*, 176:63-70.

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Cc: [REDACTED]
Subject: KRATOM
Date: Tuesday, January 20, 2026 8:13:54 AM

CAUTION: External Email. Proceed Responsibly.

I am writing with regard to an upcoming Agenda topic to discuss Kratom and would like to share my experience.

I am a 71 year old caregiver to my 92 year old totally bedbound mother. I have been her primary caregiver for over 5 years. To help me with pain, depression and exhaustion I tried Kratom rather than drugs for pain, anti-anxiety drugs, drugs for depression or a stimulant. Kratom has helped me get through my day for the past 6 years - naturally and chemical free. I am 71 years old and have no prevailing health conditions after almost 6 years of using the herb.

I urge you to keep natural Kratom legal in the southbay but prohibit the use of synthetic 7
-oh products which pose a risk to our community.

I would be happy discuss my situation if it would help you further understand the importance of keeping Kratom available here in the Southbay.

Sincerely,

Margo Waugh Pasquale
er Kindness Matters er

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: KRATOM
Date: Monday, January 19, 2026 11:45:56 PM

CAUTION: External Email. Proceed Responsibly.

To Whom It May Concern:

Please do not ban natural Kratom in Los Angeles. I am 77 years old, I've been suffering from chronic pain for over 25 years. Doctors have tried everything, from morphine implants, to liquid opioids, and nothing has helped me get my life back like natural Kratom. It has been a miracle, even better than opioids because it's natural. I understand there is an issue with 7-OH, but I am not writing to you about 7-OH.... I'm begging you not to conflate the synthetic version with the natural version of Kratom. Truly they are NOT the same thing.

It's a terribly cruel thing that the government first went after opioids because of illegal use, punishing those of us (like me) who truly needed them to avoid severe suffering; and now, when we turned to natural products like Kratom to avoid agony, they want to ban Kratom. This is a nightmare. It's torture. I assure you, banning Kratom would only result in more suffering, and more death. People like me rely on it. At my age, my heart will not be able to cope with the severe pain coming back. At this point I have no alternative options.

Go ahead and ban the synthetic version, but please do not ban the natural form of Kratom that has been used safely for centuries.

Thank you,

Alex

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Kratom
Date: Monday, January 19, 2026 9:49:30 AM

CAUTION: External Email. Proceed Responsibly.

My name is Dijon Evans and I am a California resident who is very concerned about this potential ban on kratom products.

Kratom has literally saved my life and given me the hope that I had lost due to the opioid epidemic and my medical history, losing the pain meds, because of the new opioid laws and the inhumane new rules that

no longer permitted patients such as myself and millions of others who were also cut off from the opioid medications due to the illegal selling of opioids by the illegitimate sales of the medications, the illegal prescriptions that were given to those who absolutely didn't need them, but they were obtaining them in order to sell them to those who were trying to make a lot of money by selling them to those who were either addicted to illicit drugs or those who were now desperate because they had been cut off of the medications that they had Legitimate reasons for taking them and had been given Legitimate prescriptions for years, sometimes decades by doctors for Legitimate reasons. I was injured when I had just turned 16. I had a short leg cast put on too tight and it killed the nerves and cut off the circulation. The cast was only on for 4 days, but that was over 3 days too long. After that first week we were told that I was going to end up losing my leg, but I said that that wasn't going to happen!

I was wrong!

The top specialists had tried to save my leg for 10 years. Doing experimental surgeries and procedures, doing procedures that at the time were considered to be the correct procedures, surgeries and the proper treatments, but now we know that those only made the situation worse and made the nerve damage spread throughout my body, and the 10 years that my leg remained on, only helped to spread the infections, pulmonary embolisms, sepsis, gangrene, deep vein thrombosis, and allowed the osteomyelitis to find a place to hide in my system. It doesn't take much of an injury, a simple bruising to a bone, or just a bruise to anywhere and it leads to another bout of osteomyelitis (bone infection).

I have been legally dead several times and on my deathbed several other times.

I have full body CRPS with organ involvement, optical, occipital and trigeminal Neuralgia, multiple organ failure, and I have had more than 240 surgeries and procedures.

I wasn't supposed to live to be 30, but here I am after a very difficult 30 years beyond that age, several near death escapes, and I just turned 62. I have had amputations, pulmonary embolisms, sepsis, gangrene, 17 bouts of osteomyelitis and now also have osteonecrosis of my jaw, sinuses and facial bones, including the left inner ear, and soon to be the right. It is now affecting the entire inside of my skull, the soft inner bones. There is nothing that can be done for me because I am too high risk for the needed surgeries to repair my skull and inner

ears. They can't do surgery because of the extremely high risk that I will develop osteomyelitis of my skull and the chance that it will lead to the infection of my brain. If by chance that I don't develop osteomyelitis, there's an even higher risk that the surgical bone placement would fail because of the necrosis.

The only places that could put me into a medically induced coma and provide prophylaxis antibiotic treatment, and then do the surgery while still keeping me in a comatose state, are far enough away that I would have to be flown there. This cannot be done because I don't have any bone in-between my brain and inner ear that we need to provide the protection to our brain when we experience the pressure changes while in flight. So, now with everything else that I have encountered and fought to live through, I am nearing the end of the road. Not just because of my medical conditions, but because of my age. For over 15 years I was bedridden and unable to care for myself. Everything had to be done for me, and it included in home nursing care for the PICC lines..

My daughter has lived with this her entire life. My grandkids have as well! James, my partner has been subjected to this the entire time that he has known me and he's been an amazing, loving and caring man who has taken very good care of me! He's been subjected to so very much!

So many times he has been told that he needed to say his goodbye to me because I wouldn't make it through the night. But each and every time that I pulled through the night- I would wake up to him holding my hand, watching me and crying tears of joy as I would open my eyes. Each time he would explain to me why I was in CCU, and he would begin to tell me what happened.

Each time he would just look at me and tell me how much he loved me.

When opioids were removed from the picture, even though I was diagnosed as a terminal patient, but because I wasn't a terminal cancer patient- so I wouldn't be able to get through the worst known painful conditions that are known to us, this is what I experience. Every single second of every single day. Every single second of every minute. Every minute of every hour. Every hour of each day of every month.. Every month of each year.. Decade after Decade for the past 46 years.

It feels like I am being electrocuted from the inside out and that my tissues are being seared together. That's on a good day! Unfortunately I had reached the point where I felt that I was not able to take it anymore and I was ready to take my own life. This has been very difficult to admit because I have a beautiful daughter, and 3 beautiful grandchildren, and an amazing man that I love and he loves me! I have so very much to live for! But each time something else happened, I could see what my health was doing to them and every other person that I love , have loved; I was able to see what it was doing to them, in their eyes. Each time I felt like I was being electrocuted, I felt as if it was going through my body and directly into them. It wasn't only killing me, but it was chasing everyone that I loved- right out of my life.

After the first amputation, I spent most of my younger years in college and then medical school. I thrived in college! I was so happy and I felt better than I had in years! But when I was in college, I was in a extremely abusive marriage and I was seriously injured, which made the damage spread through my upper arms and body. I ended up taking a medical leave of

absence, but I was very good at research, so when the word kratom was introduced to me, I researched everything that I could find out about kratom!

After several months of researching it, talking to my medical team, my mentors, and my family- I decided that if I was going to look at ending my own life, that kratom would definitely be worth a shot.

I ordered some pure, unadulterated kratom leaf powder from a reputable vendor and waited. Because of a holiday, and a long weekend- it took longer than expected to arrive.

I had already thought that kratom was just a scam anyway... another "get rich scam.. a way for unscrupulous people to take advantage of very desperate people who were in serious pain, looking for a way to find anything to help.. even just a little bit: I held no HOPE that it would help.

I was, after all from the science background and I held no belief in dietary supplements.

I have spent the past 9 years eating crow for that lack of belief because as I said, I didn't believe in it AT ALL!!

BUT AS I SAID, KRATOM QUITE LITERALLY SAVED MY LIFE! I was leaving the house to follow through with my plans to take my own life when the mailman showed up with my first package. I WAS LESS THAN A HALF HOUR AWAY FROM TAKING MY OWN LIFE!!

SUCH A DIFFICULT THING TO SAY!!

I HAD ABSOLUTELY NOTHING TO LOSE, BUT EVERYTHING TO GAIN by going back in the house and trying kratom. I did.

I AM SO INCREDIBLY GRATEFUL THAT I DID!!

Approximately 20 minutes later my pain was at a tolerable level. Instead of being in bed, crying and begging for the torture to end, James came home and found me sitting on the couch smiling.

He knelt beside me and cried.

He knew that the kratom had arrived and that it was helping! Kratom doesn't get rid of all of my pain, but it allows me to be at tolerable levels.

I was never supposed to live to be 30 years old, and I have fought very hard to live. For the past 9 years I have been able to experience the miracles of life that most people take for granted.

In approximately 15 days, I will be able to see what I was never going to be able to see- the miracle of the birth of my Great Granddaughter. This is what kratom has given me. Please don't ban kratom products. Regulations are what we need, not prohibition!!

Thank you very much!

Dijon Evans

Sent from my Galaxy

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Kratom
Date: Wednesday, January 21, 2026 1:08:18 PM

CAUTION: External Email. Proceed Responsibly.

I am emailing this, in the hopes all involved are happy, healthy and happy. My name is Steve. I wish to express my thoughts on the possible ban on kratom. Let me start by saying that Kratom has saved my life. I suffer from severe deterioration of both shoulders. Retaining 30 percent cartilage in each shoulder respectively. I began seeing doctors. Then pain specialists. I was at my height, taking in the area of 10 to 12 10mg oxy. Along with about the same number 400 to 600mg gabapentin. Just to function. We met our good friend Jordan Richard. Went to his shop. He came in on day off. Talked with us for hours. Benefits. Cons. Dosage. Very smart and intelligent kid. I followed his advice. I found the right dose and strain. Within 2 weeks. I was completely off all medications. And haven't had to see a doctor at all. I had shots. Both standard and x ray assisted. Even surgery wasn't recommended. Responsible people. They will make responsible choices. Banning kratom would destroy so many of us that have made the good choice and decided to take kratom. Thank you for listening. Steven

Subject: Regulatory Framework for Kratom Products: Protecting Public Health Through Targeted Regulation

Dear Chair Garcia-Delgadillo and Members of the CEO Health and Mental Health Cluster,

We, the [Global Kratom Coalition](#) (GKC), respectfully submit this letter to provide additional context regarding kratom products and to encourage the Chief Executive Office and the Los Angeles County Board of Supervisors to consider a regulatory framework that preserves adult access to natural kratom products while prohibiting access to concentrated, synthetic derivatives.

The GKC is a nonprofit alliance of consumers, scientific experts, and industry leaders seeking to enact regulations that ensure consumers have responsible, adult access to natural kratom products. We work with state and local governments across the country to develop policies that address the legitimate safety concerns coming from concentrated, synthetic substances without creating unintended consequences to those that use natural kratom.

We urge the Board amend County policy to allow for regulated, adult-access to natural kratom products and to place a ban on synthetic derivatives, such as concentrated 7-hydroxymitragynine (or 7-OH).

Natural kratom leaf is a botanical substance from Southeast Asia with centuries of traditional use that has grown in popularity in recent years. Today, [23 million people](#) in the U.S. report consuming natural leaf kratom for its functional benefits. As the research on natural kratom has advanced, it has become clearer that natural kratom leaf can be safely available to adult consumers when responsibly regulated, and access should not be foreclosed by blanket bans.

The entry of bad actors into the marketplace have led to the creation of concentrated (potent) and synthetic (unnatural) products that falsely market themselves as natural kratom, but are causing harm to consumers. [These products](#) are often marketed in ways that resemble opioids, labeling them as [Percs](#) or [Kosmic Ludes](#), which illustrates deceptive, drug-like branding and underscores the need for a targeted prohibition on synthetics.

On July 29, 2025, [HHS, FDA, and the DEA announced](#) coordinated federal action to schedule concentrated synthetic 7-OH, that is found in novel opioid products, as a Schedule I controlled substance. For context, natural [7-Hydroxymitragynine is an oxidative byproduct](#) compound found in trace amounts in dried kratom leaf. However, synthetic 7-OH products have been engineered for high-potency levels that are not reflective of what is found in natural kratom leaf. These products are 100X more potent than natural kratom, and 13X more potent than morphine.

Crucially, the FDA made it exceedingly clear that their recommendation applies only to products containing concentrated, unnatural levels of 7-OH — not [products that contain natural kratom leaf](#). Natural kratom enjoys inherent consumer trust through centuries of safe use, commonly consumed in forms such as capsules, powders, teas, and liquid suspensions. Concentrated

synthetic 7-OH products bear absolutely no resemblance to the natural leaf kratom products that are used by millions of Americans.

Following the federal announcement, [FDA Commissioner Dr. Marty Makary has made clear](#), in numerous interviews and press conferences, that the federal government is not targeting the natural leaf kratom and their concern lies with these concentrated synthetic 7-OH products. Part of the FDA's determination to make a distinction between leaf kratom and 7-OH stems from their [Single Ascending Dose study](#) in which human subjects were given increasingly larger servings of kratom leaf, up to 4 to 6 times larger than what is typical in a serving of a kratom product. Even at this large of a serving, the study found that kratom leaf was well-tolerated in humans.

Several California jurisdictions have chosen to address kratom through targeted regulations, rather than blanket bans, such as: Riverside County, Huntington Beach, Laguna Niguel, the City of Fresno and Fresno County, and Orange County.


To align with this regional model and protect consumers, we recommend a simple, targeted framework: (1) institute a 21+ age gate with ID verification, (2) require packaging that is not attractive to children and have ingredient/serving disclosures; and (3) explicitly prohibit concentrated, synthetic products and other synthetic derivatives by instituting a 2% limit on 7-OH or other minor alkaloids.

Rather than seeking to ban all kratom products, a more appropriate method would be to follow the lead of the federal government and pass legislation that mirrors the surrounding municipalities. There is a multitude of evidence that speaks to the consumer [safety profile of natural leaf kratom products](#), while concentrated synthetic derivatives are known to be dangerous. It is these synthetic products that pose a threat to consumer safety and need to be banned. We support prohibiting concentrated, synthetic 7OH products and other synthetic derivatives.

Please see the attached letter from Dr. Rahul Gupta for a concise explanation of why jurisdictions should distinguish natural kratom leaf from concentrated, synthetic 7-OH products, as well as the attached AHPA Botanical Safety Handbook entry for *Mitragyna speciosa*, outlining the focus on traditional leaf preparation and the need to treat them differently from concentrated products.

We welcome the opportunity to engage further on this issue and are available for discussions via phone, in person, or virtually at your convenience. Please feel free to reach out to our team for any additional information, expert testimony, or policy guidance.

Sincerely,

Allison Smith
Director of Government Affairs
Global Kratom Coalition


From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Date: Tuesday, January 20, 2026 5:42:26 PM

CAUTION: External Email. Proceed Responsibly.

I am a 39 year old male. I was on opiates (narcos) for over 2 years and everytime I tried to quit them, 3 days at the most I would last before I would start taking them again. I researched on the internet an alternative and came across the kratom leaf. I purchased some online and tried it out for the first time. It felt similar to being slightly buzzed off of alcohol. I kept taking a couple doses and in a short time I had stopped taking the narcos. I kept taking the kratom leaf and within about a year I stopped taking the kratom with hardly any side effects. I have been opiate-free ever since. I also don't need the kratom anymore but that was my own decision. It really helped me out. I hope my story finds you well and will help keep kratom legal. Thank you for reading my story. - Richard

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Negative Repercussions of Kratom Ban.
Date: Tuesday, January 20, 2026 1:25:15 PM

CAUTION: External Email. Proceed Responsibly.

To whom this may concern,

I am writing to express my formal opposition to the proposed ban on Kratom products currently under consideration by Los Angeles leadership.

As someone who has struggled with chronic, debilitating pain, Kratom has been a vital tool in my recovery and daily functioning. Prior to using this botanical, I faced severe challenges with alcohol and the risk of opioid dependency. Since incorporating Kratom into my wellness routine, I have maintained sobriety for 13 weeks and have been able to re-engage with my family and community.

A ban on these products would likely exacerbate the existing opioid and alcohol crises within our community. I believe that rather than a prohibition, the city should consider supporting the responsible manufacturing and regulation of Kratom as a safe alternative for pain management.

Thank you for your time and for considering the positive impact this resource has on the lives of many residents.

Best regards,

Andrew

From: [REDACTED]
Cc: [CEO Health And Mental Health Services Cluster](#)
Subject: Opposition to Scheduling Kratom as Schedule I – Support Regulation, Not Criminalization
Date: Tuesday, January 20, 2026 10:18:17 AM

CAUTION: External Email. Proceed Responsibly.

Dear LA County Health and Mental Health Services,

I am writing to strongly oppose any effort to classify kratom or 7-hydroxymitragynine (7-OH) as a Schedule I substance or to criminalize its sale or possession in Los Angeles County.

Banning or criminalizing kratom and 7-OH will not improve public health. History consistently shows that prohibition pushes products underground, removes consumer protections, and increases risk rather than reducing it. A ban would harm responsible adults, overwhelm communities, and eliminate transparency and safety standards that already exist within the regulated marketplace.

As a business owner in this space, I hear directly from consumers every day. People share deeply personal stories about how kratom and 7-OH have helped them manage chronic pain, reduce or eliminate reliance on more dangerous substances, cope with mental health challenges, and regain stability in their lives. These are not abstract policy points — they are real people who credit these products with helping them function, work, and care for their families.

Instead of pursuing prohibition, LA County should follow the state's guidance and focus on responsible regulation and consumer protection. That includes:

- Age-gating sales to 21+
- Requiring third-party lab testing
- Enforcing accurate labeling and quality standards
- Supporting education rather than criminalization

These measures protect consumers while preserving access for those who genuinely rely on these products as harm reduction tools.

I urge the County to reject any effort to schedule kratom as a Schedule I substance and to pursue a balanced, evidence-based approach centered on regulation, safety, and compassion.

Thank you for your time and consideration.

Sincerely,
Joseph D
Business Owner & LA County Stakeholder

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Proposed kratom and 7-oh ban
Date: Tuesday, January 20, 2026 2:18:50 PM

CAUTION: External Email. Proceed Responsibly.

Greetings,

I am writing as a resident of Los Angeles County to speak out against the proposed ban on the sale of natural kratom.

Three years ago, I developed a chronic pain condition that has severely impacted my life, greatly limiting me both personally and professionally. In that time I have had multiple surgeries, injections, and months of physical therapy. I continue to work hard every day towards living a pain-free life. For the time being though, I have to manage my symptoms, which vary in intensity, but never completely subside.

Natural kratom is far and away the best supplement I have found to alleviate my symptoms, especially at night, and give me back some measure of normalcy. It is safe, affordable, and readily available. It is far less impairing and anxiety-inducing than marijuana, and doesn't carry the risk of dependency or overdose that prescription pain killers do.

What it offers is relaxation, the ability to read, write short stories, and spend quality time with my wife. Pain doesn't just limit you physically, it robs you of concentration, your ability to think, hold conversations, and relate to those around you. Something as simple as listening to a loved one tell you about their day becomes a struggle to grit your teeth through. Please understand that when you consider taking away a legitimate option for relief for those afflicted.

Substance abuse is a difficult issue, and it deserves carefully considered, well-thought-out solutions. The proposed ban is not that. For one thing, it conflates natural kratom and synthetic 7-oh, which are not the same substance, and should be treated entirely separately. For another, it is based on anecdotes and scare stories, not facts, and not consideration for the many people like me trying to live our lives the best we can. Responsible adults making careful, informed decisions about how to manage their health deserve to do so with dignity.

With all that in mind, I ask you again to please not go forward with the proposed ban. Thank you for your attention.

Louis Godfrey

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Public Comment – January 21 Health & Mental Health Cluster Meeting (7-OH / Kratom)
Date: Tuesday, January 20, 2026 9:33:29 AM

CAUTION: External Email. Proceed Responsibly.

I am submitting public comment for the January 21 Health & Mental Health Cluster meeting regarding proposed actions on 7-Hydroxymitragynine (7-OH) and kratom.

I strongly oppose any move toward banning or criminalizing 7-OH or kratom. Prohibition has never improved public health outcomes, and it consistently pushes people toward unregulated, unsafe markets. Many residents rely on kratom as a harm-reduction tool or for chronic pain management, and removing legal access would create far greater risks than it solves.

LA County should follow the direction already taken at the state level: regulate these products with age restrictions, clear labeling, and third-party lab testing. These are practical, evidence-based measures that protect consumers without criminalizing them.

I urge the County to reject any ban and instead adopt a regulatory framework that prioritizes safety, transparency, and public health.

Thank you for considering my comment.
Michael LaPorte

Sent with [Spark](#)

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Public Comment - SD4: Preventing Deaths Related to Kratom and 7-Hydroxymitragynine
Date: Monday, January 19, 2026 9:16:40 AM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.jpg](#)
[image006.jpg](#)
[image009.jpg](#)
[image010.jpg](#)

CAUTION: External Email. Proceed Responsibly.

Dear Heath & Mental Services & LA County Board of Supervisors -

Please DO NOT ban kratom. Instead, focus the ban on 7-OH and other synthetics. Natural leaf kratom has science and safety data to back its use. Even the FDA conducted their own Single Ascending Dose kratom study and found that natural kratom (even in a high dose) is safe for consumers. 7-OH has zero science and zero safety data. The FDA and HHS in their July 29, press conference stated over and over that natural leaf kratom should be kept legal for those who consume it, but 7-OH is what is cause the public health crisis.

I am a 9-year kratom consumer. Kratom has allowed me to discontinue my daily opioid prescription! I am sharing my story with you today so that you can understand the human side of kratom and how your decision will impact the lives of thousands who rely on this botanical. I am a very normal 55-year-old wife, mother, grandma, and conservative voice. At 42 years old I joined the ranks of the chronic pain community with my diagnosis. I feel compelled to explain to you how natural kratom has changed my life and allowed me to function. I also feel it is extremely important to stress that natural kratom is very different from synthetic 7-OH. I know that protecting your citizens is your entire goal. By banning 7-OH you are ensuring that the problem synthetic products are off your shelves. By regulating kratom, you are allowing safe access for those who rely on kratom.

Patients like me need pain control options. I read stories every day of patients who are being forced off their pain medication and given no other options. The reason I love kratom is that it makes me feel more normal! There is no physical craving for this supplement. The only craving I have is the desire to have my pain drop a few points.

Pain patients are the silent minority in this country. We are the ones who have no voice. We are hidden away in our homes, unable to work, go to lunch, and even drive a car at times. All we are asking for is compassion and access to medication and natural supplements that give us some quality of life. Sometimes I lay awake at night thinking about the real possibility that kratom could become illegal. What would I then do for pain control? That is a thought that haunts me. Opioids are no longer available to most patients. I could not live at level 9-10 which is what I would be at without pain control. The answer for me was Kratom. I am grateful every day that it is legal and that I have the option to use this supplement.

Just this week I came across this post. It perfectly summarizes the terrifying position that pain

patients are being put in by having their access to pain medication taken away. Notice the last two sentences. It says it all.

A screenshot of a phone

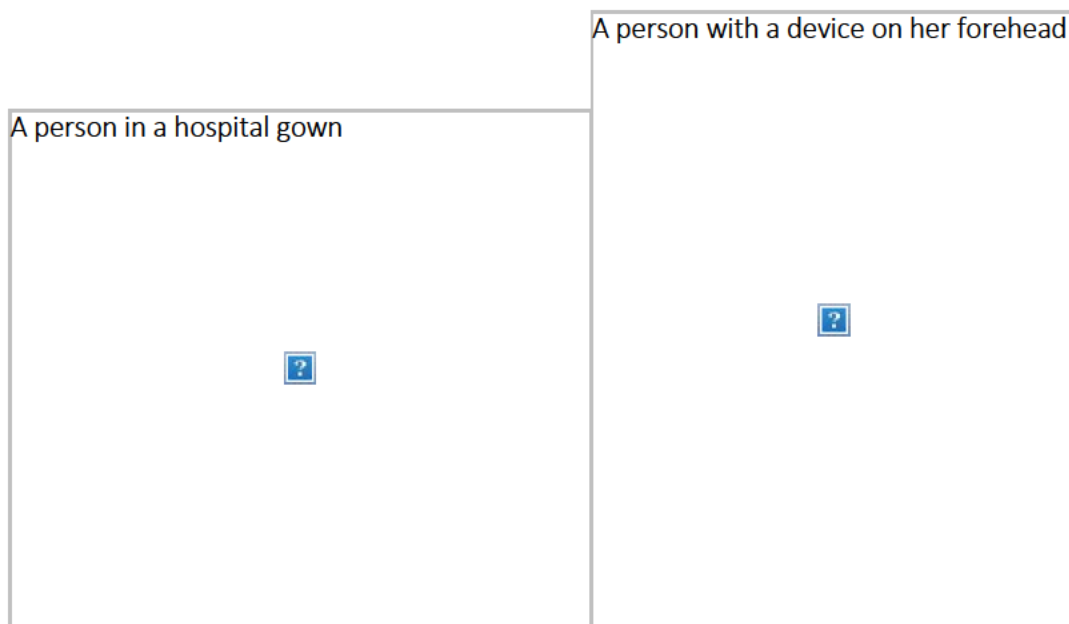


Please give pain patients a voice! Regulate kratom instead of banning it! Currently the adverse events being reported are most frequently coming from 7-Hydroxymitragynine (7-OH) synthetic products and not from pure kratom. 7-OH products SHOULD be banned since they are not kratom. Please do not assume that these products are the same. 7-OH is NOT kratom.

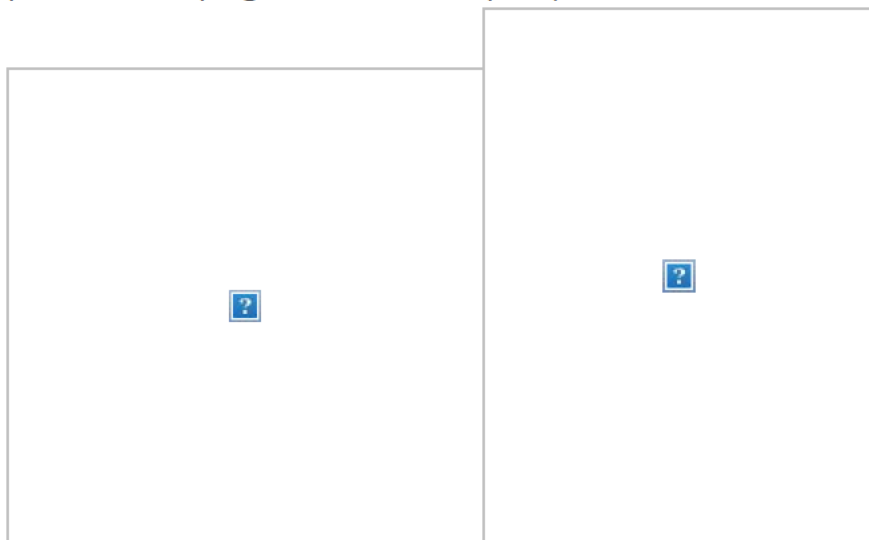
By regulating and not banning kratom, you are showing those that rely on kratom to treat their pain, anxiety and even drug withdrawals with kratom truly matter. You have the power to keep us functioning so we can give back to society and take care of our families. Thank you!

Lora Romney





Before Kratom – Uncontrolled pain, surgeries, procedures (Cephalic device pictured....trying to control the pain)



With Kratom – Controlled pain, living life, being a grandma
Lora Romney



Virus-free www.avast.com

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: RE: Kratom
Date: Wednesday, January 21, 2026 11:10:33 AM

CAUTION: External Email. Proceed Responsibly.

Submitting on behalf of
Alex Niculescu,

I am an internal medicine physician with a significant background working with patients who have substance use disorders, including opioid use disorders, along with other psychiatric and chronic pain conditions. I've personally seen several patients successfully use whole leaf kratom to transition away from both illicit opioids and even prescribed opioids on which they have become uncomfortably dependent. These patients have arrived at whole leaf kratom as a safe and effective solution to manage their symptoms in a way that maintains their functionality and stability, thereby improving their quality of life, productivity, and social participation. I've also noticed that the way in which they use and experience kratom is almost night and day different from how illicit or prescribed opioids are used and experienced. Patients will drink kratom powder in a beverage form or consume capsules, and the effects are reported by patients to be mildly stimulating while also providing mild to moderate analgesia that is not so strong as to make them feel "loopy" or "out of it" or "high," a common patient complaint with opioid medications. As I've learned more about its traditional use and seen its therapeutic benefits for patients, it's become clear to me that kratom is best considered an herbal supplement or plant, more akin to a coffee or tea than a drug; I am told it is even milder and much less disabling than marijuana.

While this session also concerns 7-OH (which, it must be reinforced, is *not* whole leaf kratom, even if it is synthetically derived from a trace component of it) I think it's necessary to frame this discussion with a background on the safety profile of whole leaf kratom. The main chemical (alkaloid) in kratom, mitragynine, is only partially active at the mu-opioid receptor (10% of the potency of morphine), and crucially, does not recruit the beta-arrestin 2 downstream intracellular signalling pathway that traditional full agonist opioids (morphine, oxycodone) do. Since mitragynine avoids beta-arrestin-2, it also avoids the adverse effects of actual full opioids, namely, respiratory depression leading to fatal overdose. By its very nature, the active chemical within whole leaf kratom contains a ceiling that prevents respiratory depression from even occurring in the body. This makes it safer than even any opioids that are medically regulated, such as hydrocodone, codeine, morphine, etc... Furthermore, because whole leaf kratom is taken orally and then mitragynine is metabolized by the liver in order to become active in the body, one

cannot experience its effects more directly by avoiding first pass metabolism (ie: you cannot smoke or snort kratom), making it impossible to abuse the way other substances that are already legal and regulated can be. Finally, as a physician who works in hospitals, I certainly see toxicities from various substances, most commonly alcohol and its withdrawal, but also fentanyl, other opioids, and methamphetamine. Of these, the one that does the most damage, alcohol, is also the least regulated and most socially accepted and promoted, which baffles me to this day. I cannot say I've ever seen a patient present with toxicity due solely to kratom use.

It's important to note that, to my knowledge, none of the deaths reported from kratom use contained kratom as the sole substance involved. Each victim was reported to have ingested multiple sedating substances, oftentimes even legal or medically regulated chemicals such as alcohol, benzodiazepines, or other sedatives. As a physician, I always advise patients to never use a chemical with a possible side effect of sedation, no matter how mild, in combination with any other chemical or substance that can be sedating or cause respiratory depression, as this will greatly increase the chances for overdose, and amplify the most adverse effects of the most dangerous substance. If multiple substances (for example, alcohol or benzodiazepines) are identified along with kratom in a tox screen for a patient overdose, I think the contribution of kratom, based on my understanding of the science, is less important clinically than the contribution of much more dangerous and toxic substances, such as alcohol or other more strongly sedating medications.

As concerns 7-OH, this is a relatively new development that I have had to bring myself up to speed on, but it appears to essentially be a synthesized version of a chemical that does naturally occur in kratom in trace amounts ($<0.02\%$) but has now been isolated in labs and sold at high concentrations in small, appealing form factors. 7-OH is a much more potent chemical in terms of its analgesic properties than whole leaf kratom (up to 40x as strong as morphine, whereas kratom is <0.10 the strength). This is akin to isolating a single opioid, such as heroin, from a plant like an opium poppy. Now, of course, the consumption of opium was banned many years ago. Somehow that hasn't stopped people in this country and around the world from taking opioids -- in fact sadly, because of the "Iron Law of Prohibition," the opioids that people take are now higher potency, higher concentration, and in smaller form factors, thus easier to both smuggle and overdose on. If whole leaf kratom were banned, I fear its existing consumer base would wind up criminalized and thus directed to substances that are much more potent and higher concentration and thus easier to manufacture and traffic illicitly, while also containing an exponentially higher risk of fatal overdose, whether it be 7-OH or,

concerningly, the preexisting opioids available illegally, such as heroin, fentanyl, or illicitly obtained medications such as oxycodone or morphine. From my experience working with patients who have successfully left behind lives of dependence on these dangerous substances in part by finding, through whole leaf kratom, functionally stable lives in regards to their symptom management, this would rip the floor out from under them and threaten to undo years of progress, utterly destabilizing them.

7-OH definitely sounds like bad news; it's essentially an unregulated, highly potent opioid you can buy at a smoke shop. Whole leaf kratom, a plant that can provide mild stimulant and analgesic effects similar to those of other herbs, is not that.

* submitting on behalf of Alex Niculescu*

Misty Brown

Kratom Consumer, Advocate & Activist est. 2019

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: SD4 - Preventing Deaths Related to Kratom and 7-Hydroxymitragynine (7-OH)
Date: Wednesday, January 21, 2026 11:51:13 AM

CAUTION: External Email. Proceed Responsibly.

Dear LA County Health and Mental Health Services Officials,

I am writing to submit a public comment regarding Agenda Item SD4 - Preventing Deaths Related to Kratom and 7-Hydroxymitragynine (7-OH)

As a resident of Los Angeles County, while I understand the county's concerns with recent toxicology deaths in which mitragynine was present, I am extremely concerned with the overreaction of LA County related to the sale of 7OH and kratom in LA County. Not having access to kratom or 7-OH would be a considerable hardship to me as a responsible consumer of these products which I use to treat anxiety and pain issues. I have been a responsible kratom user since 2018 and a 7OH user since 2024. Please choose sensible regulation and education instead of criminalization and prohibition of kratom and 7-OH products.

Thank you all for considering this feedback in your decision-making process.

Best regards,

Shannon OLeary

From: [REDACTED]
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Support Regulation, Not Prohibition, of Kratom and 7-Hydroxymitragynine
Date: Tuesday, January 20, 2026 4:40:57 PM

CAUTION: External Email. Proceed Responsibly.

I urge Los Angeles County to not ban or criminalize kratom or 7-hydroxymitragynine (7-OH) and instead pursue regulation and consumer protections consistent with California state guidance.

Prohibition does not improve public health. Bans remove safer, regulated options and push people toward more dangerous or unregulated alternatives. Many consumers, including myself, rely on kratom and 7-OH as harm-reduction tools for chronic physical pain, not as recreational substances.

I experience severe, debilitating migraines. For people who do not get migraines, it is hard to grasp how completely disabling they are. During an active migraine, functioning becomes impossible. The slightest light feels like I am being stabbed in the head. The faintest smell can make me violently nauseous. Sound, movement, and even opening my eyes can intensify the pain. It is an overwhelming physical shutdown.

I am highly allergic to sumatriptan, one of the most commonly prescribed migraine rescue medications. Other standard migraine treatments have been ineffective for me. Kratom is the only substance that reliably helps me during an active migraine, allowing the pain to lessen enough that I can function at a basic level.

Removing access to kratom or 7-OH would not protect public health. It would leave people like me without any effective option during extreme physical pain. Criminalization does not reduce suffering. It increases it.

Los Angeles County should prioritize regulation, not prohibition,

including:

- Age-restricted sales to 21+
- Mandatory third-party lab testing
- Clear labeling and consumer safety standards

These policies protect consumers while preserving access for those who rely on kratom for legitimate pain relief. I respectfully urge the County to reject bans or criminalization and instead pursue responsible, evidence-based regulation.

Thank you,

Alyson Burton

Los Angeles resident of 36 years

From: [Michael Bochey](#)
To: [CEO Health And Mental Health Services Cluster](#)
Subject: Public Comment – Agenda Item on 7-OH and Kratom
Date: Saturday, January 24, 2026 12:46:36 PM

CAUTION: External Email. Proceed Responsibly.

Hello,

My name is Michael Andrew Bochey, and I am a firefighter-paramedic with the City of Los Angeles. I was unable to attend the January 21 meeting because I was on vacation and only saw the notice afterward, but I would have been willing to testify. I believe it would have been helpful for decision-makers to hear directly from an LA City firefighter with firsthand experience responding to overdoses and managing occupational injuries.

I am writing because from both a public-health and emergency-medicine perspective, it is obvious that prohibition has not worked, and repeating it with 7-OH or kratom will predictably worsen the problems the County is trying to address.

Every shift, firefighters and paramedics respond to overdoses. Over the years, we have watched the drug supply become progressively more dangerous. The progression is clear and measurable: morphine and heroin gave way to fentanyl, fentanyl to carfentanyl, then xylazine entered the picture, and most recently in Los Angeles we are now seeing nitazenes detected in counterfeit pain pills sold as oxycodone. Compounds such as isotonitazepene are reported to be many times more potent than fentanyl. People are not seeking these substances out. They believe they are taking a familiar pill. This escalation is the predictable outcome of prohibition. When access is restricted, the market shifts toward stronger, cheaper, and easier-to-smuggle drugs, which dramatically increases overdose risk and mortality.

This is exactly what firefighters and paramedics are responding to on the street.

I also want to speak directly to how 7-OH and kratom can be relevant to firefighters and other physically demanding professions. Firefighting routinely results in back, joint, and musculoskeletal injuries. Many firefighters are first exposed to opioids through legitimate medical treatment for work-related injuries, not through recreational use. While people often cite this pathway when discussing opioid addiction, what is rarely mentioned is that the vast majority of people who are prescribed opioids do not become addicted. Addiction is not an automatic or inevitable outcome of exposure.

As articulated by researchers and writers such as Johann Hari, addiction is deeply tied to trauma, isolation, lack of purpose, and disconnection, in addition to any physiological dependence that may occur. The pharmacological mechanism alone does not cause addiction, and policy that focuses only on banning substances ignores the underlying drivers entirely.

For some firefighters, kratom-derived products function as harm-reduction tools, helping manage pain while avoiding or reducing reliance on full opioid agonists. This matters from an overdose-prevention standpoint. Full opioid agonists are strongly associated with respiratory depression, especially when combined with alcohol or benzodiazepines,

combinations we frequently see involved in fatal overdoses.

From a pharmacological standpoint, 7-OH does not recruit beta-arrestin in the same way as traditional opioids, a pathway that has been associated with respiratory depression. This does not mean it is harmless or risk-free, and I am not suggesting otherwise. It does mean that it has a different risk profile, one that should be addressed through science-based regulation, consumer education, and more research, not blanket bans that push people toward unregulated and far more dangerous alternatives.

As a firefighter-paramedic, I strongly support education around addiction potential, appropriate dosing, and the dangers of combining substances, particularly depressants like alcohol and benzodiazepines. Education saves lives. Regulation saves lives. Prohibition does not. We already know this from decades of evidence and from what we are seeing unfold in real time on our streets.

Criminalizing or banning 7-OH or kratom will not eliminate demand for pain relief or self-medication. It will simply push people into illicit markets, where potency, contamination, and dosing are unknown, increasing the likelihood of overdose and death.

For these reasons, I respectfully urge Los Angeles County to:

- Reject efforts to ban or criminalize 7-OH or kratom
- Pursue evidence-based regulation focused on safety, testing, labeling, and age limits
- Emphasize education, treatment access, and harm reduction over enforcement
- Avoid repeating prohibition policies that have already worsened the overdose crisis

Thank you for considering the perspective of a working firefighter-paramedic who sees the real-world consequences of these policy decisions every day.

Sincerely,
Michael Andrew Bochey
Firefighter-Paramedic, City of Los Angeles

From: [Evan Schwartz](#)
To: [CEO Health And Mental Health Services Cluster](#)
Cc: [Save7OH.org](#)
Subject: Re: HEARING TOMORROW - PLEASE DO NOT SCHEDULE 7-OH-MIT / 7-HYDROXYMITRAGYNINE PRODUCTS
Date: Wednesday, January 21, 2026 5:09:32 PM

CAUTION: External Email. Proceed Responsibly.

Hello,

Today, I was cut off during a public comment hearing by the County Supervisor in calling about the proposed criminalization of 7-hydroxymitragynine. This deprived me of my right to speak on this matter.

Please acknowledge that the below comment will be considered by the decision-makers.

Sincerely,

Evan Schwartz

[REDACTED]

On Tue, Jan 20, 2026, 10:01 AM Evan Schwartz [REDACTED] > wrote:

Hello,

I am a resident of L.A. County and write regarding the agenda tomorrow.
I urge L.A. County to:

- **Reject any effort to ban or criminalize 7-OH or kratom**
- Recognize that prohibition does not improve public safety
- Pursue **non-criminal, evidence-based regulation** that protects consumers
- Avoid targeting one alkaloid (7-OH) while leaving the rest of the kratom market unregulated

Sincerely,

Evan Schwartz

[REDACTED]