

Testimony in Opposition to a Ban on Kratom

Submitted by: Samantha Justham
Ohio Resident

Chairperson and Members of the Committee,

My name is Samantha Justham. I am a full time, tax paying Ohio resident. I am also someone who has intentionally chosen to use kratom as part of managing my mental health.

For years, I struggled with significant anxiety and insomnia. Anyone who has lived with chronic anxiety knows it is not simply "worry." It is racing thoughts that do not turn off. It is physical tension that never leaves your body. It is the constant hum of panic beneath even ordinary moments. Insomnia compounds this. When you do not sleep, your thinking deteriorates. Your emotional regulation weakens. Your ability to function at work and at home suffers. Chronic sleep deprivation alone increases risk for depression, impaired judgment, and even suicidal thinking.

Kratom is not a miracle cure, and it is not the only reason I am stable today. It is part of an overall treatment plan that includes years of hard work, therapy, personal accountability, and intentional lifestyle changes. But it has been a meaningful tool within that larger framework. It has helped me manage sleep, anxiety, and focus in a way that has allowed me to remain productive, stable, and fully engaged in my life and work. I use it intentionally and responsibly. It has not impaired my ability to function. It has supported it.

I am asking you to consider why we continue to default to bans when history shows us that bans do not work.

Alcohol is legal, regulated, and widely accessible, despite causing an average of roughly six deaths per day in the United States from alcohol poisoning and approximately 2.6 million deaths globally each year. We tried banning alcohol once. Prohibition did not eliminate use. It created unregulated markets and unsafe products. People still consumed alcohol, but now without oversight or quality control.

Every day, people die from substances that are already banned. The existence of prohibition has never meant the absence of access. It has meant the absence of regulation.

There is little verified evidence of overdose linked solely to kratom use. Most reported cases involve multiple substances. That distinction matters. It is irresponsible to treat kratom as though it carries the same profile as high risk opioids without clear evidence to support that claim.

If safety is the concern, then common sense regulation is the answer. Age restrictions. Labeling requirements. Product testing for contaminants. Clear alkaloid content standards. Several states have already enacted Kratom Consumer Protection Acts that regulate kratom rather than criminalize it. Those states recognized that oversight protects consumers better than prohibition.

This issue is not abstract for me.

My sister died from an overdose of a banned drug. She obtained it in a state where kratom was also banned. Before her death, she used kratom in an effort to stay away from harder substances. Removing kratom did not remove access to dangerous drugs. It removed a tool she had been using to reduce harm.

I ask you to consider what outcome you are truly seeking. If the goal is fewer deaths, fewer addictions, and safer communities, then repeating the same knee jerk reaction of prohibition

despite decades of evidence that it fails will not achieve that goal.

Regulate responsibly. Protect consumers. Do not criminalize Ohioans like me who are using a plant product intentionally and responsibly as part of a broader treatment plan to improve our quality of life.

Thank you for your time and consideration.