

My name is Jordan Richard. I am the author of *The Truth About Kratom: Life-Saving Plant or Botanical Menace?* I have spent years studying this plant from the pharmacological, regulatory, and international supply-chain level, including time in Southeast Asia speaking directly with farmers, exporters, scientists, and policymakers. My position is grounded in scientific evidence and regulatory history.

Here is my position clearly:

Regulate natural kratom leaf.

Ban synthetic and semi-synthetic compounds being sold as kratom.

Natural kratom is the leaf of *Mitragyna speciosa*. In fresh leaves, 7-hydroxymitragynine is essentially nonexistent. Proper analytical testing shows zero percent measurable 7-OH in fresh leaf. The trace amounts sometimes detected in dried powder primarily form through oxidation of mitragynine during drying and storage. These levels are microscopic, often measured in hundredths or thousandths of a percent.

By contrast, products marketed as “7-OH,” pseudoindoxyl derivatives, MGM-15, and other chemically modified compounds are isolated, concentrated, or semi-synthetic substances. They do not reflect the natural alkaloid balance of the leaf. Using those products to define the safety profile of natural kratom is scientifically inaccurate.

The global scientific and regulatory record supports this distinction.

In 2021, the World Health Organization conducted a formal critical review of kratom. After evaluating abuse liability, dependence potential, toxicity data, and public health impact, the WHO concluded that kratom does not meet the criteria for international scheduling.

Johns Hopkins School of Medicine has published survey research involving thousands of consumers and described kratom as having a relatively low potential for abuse compared to many scheduled substances. That does not mean no risk. It means the risk profile is comparatively lower and must be evaluated proportionally.

In 2016, the DEA attempted emergency Schedule I placement. After scientific review and public response, the agency withdrew that action — the first reversal of an emergency scheduling order in its history.

Millions of Americans use kratom today. In Ohio alone, estimates suggest roughly 300,000 adults are consumers. Research indicates the average consumer is approximately 40 years old, college educated, and most commonly using it to help manage chronic pain. Veterans represent a significant demographic.

These are not fringe users. These are working adults, parents, and former service members.

It is also important to note recent regulatory clarity. Federal leadership has made clear that their primary concern is not the natural leaf itself, but synthetic and chemically manipulated derivatives being marketed under the kratom name. The regulatory focus is shifting toward high-potency and lab-altered compounds, not traditional plant material.

Former Acting Secretary of Health and Human Services Dr. Brett Giroir publicly acknowledged another critical point: if natural kratom were banned outright, the true public health threat could be displacement. When access to lower-risk alternatives is removed, individuals may return to far more dangerous and deadly known opioids. Policy decisions must consider unintended consequences.

If public health is truly the priority, the path forward is clear:

- Strict age restrictions
- Mandatory third-party laboratory testing
- Alkaloid transparency and accurate labeling
- Enforceable manufacturing standards
- Explicit bans on synthetic, semi-synthetic, and chemically modified derivatives sold as kratom

Separate the plant from the lab-engineered compounds.

Regulate natural kratom based on its actual pharmacology and real-world data.

Ban the synthetics that distort it.

That is the evidence-based, public-health-centered approach.

Jordan Richard