

I live with chronic pain and epilepsy; a possible spinal tumor further complicates my condition. Abrupt policy changes recently removed access to regulated, lower-dose kratom options, harming my daily functioning and ability to work.

This brief argues for regulation, not ban, to ensure safety, transparency, and adult choice while reducing risks from unregulated products.

Key Provisions to Advocate (HB 587 Framework)

Age Restriction: 21 Years and Older – Access limited to adults; minors prohibited.

8 mg Per Tablet Cap on Active Alkaloids – Maximum of 8 mg total mitragynine plus 7-hydroxymitragynine per tablet/capsule; labeling must reflect the cap.

Labeling and Transparency – Per-unit alkaloid content (mitragynine and 7-OH) and recommended daily usage; warnings on drug interactions and addiction risk; clear notices about responsible use.

Quality and Safety Standards – Mandatory third-party testing for potency, contaminants (pesticides, heavy metals, mycotoxins), microbial content, and adulterants; public Certificates of Analysis (COAs) linked to each batch.

Manufacturing, Licensing, and Oversight – Licensed producers, processors, and distributors; routine inspections; compliance reporting; state adverse event reporting for Kratom-related incidents.

Advertising and Education – Prohibit disease-treatment claims; emphasize safety, risks, and proper use; clinician and consumer education on safe use and tapering.

Enforcement – Penalties for violations of age, labeling, dosage caps, and testing requirements.

Implementation and Oversight

Regulatory Body: Ohio Department of Agriculture or a designated Kratom Regulatory Board.

Timeline: Phased licensing with a 12-24-month runway for industry alignment and product reformulation.

Monitoring: Ongoing data collection on usage, adverse events, and public health outcomes to refine policy.

Abrupt policy shifts deprived a chronic-pain patient with epilepsy of safe, regulated, lower-dose kratom options, harming daily functioning and employment; regulation with dose caps, age limits, and quality controls protects public health while preserving patient access.