

Subject: Testimony on HB 587 – Opposing Scheduling of Natural Mitragynine, Supporting Kratom Regulation

Dear Chairman Klopfenstein, Vice Chair Newman, Ranking Member Miller, and Members of the House Agriculture Committee,

My name is Andrew Toops. I am a 52-year-old Ohio resident and a permanently disabled SSDI recipient living with severe, debilitating spinal disease, including:

Degenerative scoliosis
Chronic anterior wedging (T7–T9)
Moderate and severe multilevel discogenic disease (thoracic spine)
Significant foraminal narrowing (thoracic)
Multiple posterior disc bulges (thoracic)
Herniated nucleus pulposus (thoracic)
Anterolisthesis and spondylolisthesis (L4 on L5, 9 mm)
Moderate degenerative disc disease (L3–L4)
Severe degenerative disc disease (L5–S1)
Severe facet joint arthropathy (lumbar)
Severe left and right foraminal stenosis
Multiple osteophyte complexes
Chronic sciatica with pain radiating to hips, knees, and feet
Lumbar spinal stenosis with neurogenic claudication
Radiculopathy and paresthesia (feet, legs, upper thighs)
Fatigue, headaches, concentration/focus issues
Muscle spasms throughout the back

On top of this, I have Factor V Leiden, a clotting disorder that makes major surgery—especially spinal surgery—high-risk and effectively off the table.

For years, I have safely used pure natural leaf kratom powder to manage these symptoms and maintain what limited daily function I have, without adverse effects.

From 2012 to early 2017, I was on prescription opioids, escalated over time up to 360 mg/day of instant-release oxycodone. I weaned myself off that dosage on my own, before I ever discovered kratom.

In 2019, I suffered a severe fall down the stairs that reversed years of physical therapy progress, worsened my spinal damage, and led to my SSDI status.

Since then, pure leaf kratom has been the tool that:

Reduces my pain and muscle spasms enough that I can stand and walk short distances,

Helps me focus and have the energy to fight through constant fatigue,

Lets me complete basic daily tasks without going back on high-dose opioids.

For my body, the real-world choice is simple: either kratom, or pharmaceutical opioids. There is no other option that has worked at this level of pain.

In September 2025, my partner, Aaron, underwent open-heart surgery—a David procedure—to repair a life-threatening problem with his aorta. Surgeons removed the diseased portion of his

aortic root and replaced it with a synthetic polyester/Dacron tube graft while preserving his own valve.

That meant physically demanding days in the hospital: navigating the halls, advocating for him with staff, and staying mentally present while he was in critical condition.

With my spine as described above, that should have been almost not possible.

Because of pure leaf kratom, I was able to:

Be present during his surgery and post-op recovery,

Help manage his care and discharge instead of being at home incapacitated in pain or sedated on narcotics.

If kratom had not been available to me, I would either have been back on heavy opioids or physically unable to be there for him during the most vulnerable days of his life.

This is not a theoretical policy for me; it is the difference between being able to show up for my family or not.

I fully support:

The ban on synthetic, high-potency kratom analogs, especially products built around concentrated 7-hydroxymitragynine (7-OH) and similar semi-synthetics. These products are pharmacologically distinct and genuinely dangerous.

A strong Kratom Consumer Protection Act (HB 587 / SB 299) that requires:

Third-party testing,

Accurate labeling and alkaloid disclosure,

Age restrictions,

Clear bans on adulterants and synthetics.

What I oppose is the attempt to schedule natural mitragynine itself as a Schedule I controlled substance, which would effectively criminalize the responsible use of natural kratom leaf and push patients like me back to opioids.

Evidence and context: what the science actually says

Peer-reviewed research and public-health agencies paint a more nuanced picture than some headlines suggest:

A large study of kratom consumers published in *The Journal of Pain* found that nearly half were living with chronic pain and many used kratom specifically for self-management, reporting meaningful relief and improved function when standard treatments were inadequate or inaccessible.

A randomized, placebo-controlled trial using a cold-pressor pain test showed that kratom decoction significantly increased pain tolerance compared to placebo, without acute withdrawal or serious adverse events during monitored short-term discontinuation.

Preclinical studies show that mitragynine can reduce chemotherapy-induced neuropathic pain in animals via opioid and adrenergic mechanisms—mechanisms directly relevant to conditions like radiculopathy and sciatica.

Reviews of kratom's pharmacology describe mitragynine as a partial mu-opioid receptor agonist with biased signaling and substantially less respiratory depression in animal models than classical full-agonist opioids, making it a candidate harm-reduction agent when used correctly.

On overdose and mortality:

The National Institute on Drug Abuse states that, compared to other drugs, only a small number of deaths have been linked to kratom products and nearly all of those cases involved other substances, such as opioids, fentanyl, and heroin.

National Institute on Drug Abuse

The U.S. Food and Drug Administration's own public update (December 2025) acknowledges that, in the rare deaths associated with kratom, it was usually used in combination with other drugs and kratom's contribution is unclear.

U.S. Food and Drug Administration

A CDC analysis of "kratom-involved" deaths found that most decedents had multiple substances present; in the small subset where kratom was the only substance detected, the authors stressed that untested substances and other causes could not be ruled out.

A 2024 review in *Frontiers in Pharmacology* concluded that most kratom-associated deaths involved multiple potentially lethal drug concentrations, making it difficult to determine kratom's specific role.

Taken together, the weight of the evidence is that:

Natural kratom leaf and mitragynine can provide meaningful pain relief and support harm reduction, and

Most serious outcomes are tied to polydrug use or high-potency synthetic/altered products, not traditional leaf alone.

Global and national policy trends: regulation, not prohibition

Globally, the World Health Organization's Expert Committee on Drug Dependence conducted a pre-review of kratom and its alkaloids in 2021. After reviewing the available evidence, the committee chose not to recommend that kratom, mitragynine, or 7-hydroxymitragynine be placed under international control, instead opting to continue monitoring.

In the United States:

Starting in 2019, at least a dozen states have adopted Kratom Consumer Protection Act-style laws, including Utah, Arizona, Nevada, Colorado, Florida, Georgia, Maryland, Oklahoma, Oregon, Texas, Virginia, West Virginia, South Dakota, and others. These laws keep kratom legal for adults but require testing, labeling, age limits, and restrictions on synthetics.

A 2025 summary of state laws notes that, in 2021–2022, most kratom-related bills across the country aimed to regulate, not ban, kratom, reflecting a broad trend toward consumer-protection frameworks rather than outright prohibition.

Regulatory organizations such as the Association of Food and Drug Officials maintain detailed kratom regulatory guidance, reinforcing that a structured regulatory approach is both feasible and already underway in multiple jurisdictions.

Association of Food and Drug Officials

Ohio need not reinvent the wheel; there is now a clear national pattern: responsible regulation of natural kratom, coupled with firm action against synthetics and adulterants.

Ohio's own recent actions show the proper path

Ohio's trajectory over the last few months highlights the conflict clearly:

November 12, 2025: Representatives Mike Odioso and Brian Lorenz introduce HB 587, the Kratom Consumer Protection Act, to regulate kratom products and prohibit dangerous synthetic kratom derivatives.

Ohio House of Representatives

December 12, 2025: Governor DeWine issues Executive Order 2025-08D and an emergency rule banning kratom-related synthetic products, while explicitly clarifying—through the Board of Pharmacy's own public notice—that the order does not apply to natural kratom in vegetation form.

January 6, 2026: The Ohio Board of Pharmacy votes to move forward on rules to classify mitragynine itself as a Schedule I substance, which would sweep up any "material, compound, mixture, or preparation" containing it—i.e., natural kratom leaf.

In less than two months, Ohio went from explicitly exempting natural kratom leaf from a synthetic emergency ban to considering Schedule I status for its primary natural alkaloid.

HB 587 gives this committee an opportunity to restore coherence: to regulate the plant responsibly, as many other states have done, instead of quietly turning a targeted synthetic ban into a de-facto prohibition on the natural leaf that people like me rely on.

The real-world impact if mitragynine is scheduled

If natural mitragynine is scheduled:

I will lose the only tool that has allowed me to stay off high-dose oxycodone.

I will be pushed back toward pharmaceutical opioids, with all the known risks of dependence, overdose, and side-effects.

I will be less able—or unable—to show up for my partner and family during medical crises like the one we faced in 2025.

For me and many others, this is not an abstract policy debate. It is a question of whether we are allowed a workable, regulated plant-based option, or whether we will be forced back into a system of narcotics that we already escaped once.

What I respectfully ask this committee to do

Advance HB 587 and support a strong Kratom Consumer Protection Act that:

Requires age restrictions, testing, labeling, and vendor accountability;

Explicitly bans synthetic kratom derivatives and high-potency analogs.

Affirm, in statute and in practice, that natural kratom leaf and simple powder/tea preparations remain legal for adults under this regulatory framework.

Urge that natural mitragynine (as found in pure leaf kratom) not be scheduled as a Schedule I controlled substance, recognizing that such a move would contradict emerging evidence, global policy, and Ohio's own recent executive guidance.

Please:

Do not conflate traditional, natural kratom leaf with synthetic, highly concentrated products.

Do not deny Ohioans with severe pain a plant that, for many of us, is the only way to avoid returning to dangerous opioids.

Do not destroy a pathway to healing simply because it does not come in a pill bottle.

Scheduling mitragynine as Schedule I would, in practical terms, criminalize the very tool that helped me and many others escape pharmaceutical opioid dependency and remain present for our loved ones.

Thank you for your time and for considering my experience and the broader evidence as you deliberate HB 587.

Respectfully,

Andrew Toops

Permanently disabled SSDI recipient

Ohio

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