

KRATOM (*Mitragyna speciosa*) (Street Names: Thang, Kakuam, Thom, Ketum, Biak)

Introduction:

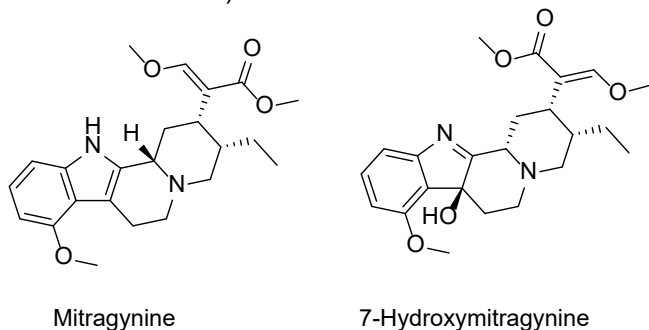
Kratom (*Mitragyna speciosa*) is a tropical tree indigenous to Thailand, Malaysia, Myanmar, and other areas of Southeast Asia. Kratom is in the same family as the coffee tree (*Rubiaceae*). The tree reaches height of 50 feet with a spread of over 15 feet. Kratom has been used by natives of Thailand and other regions of Southeast Asia as an herbal drug for centuries. Traditionally, kratom was used as a stimulant by Thai and Malaysian laborers and farmers to overcome the burdens of hard work. Kratom was also used to substitute for opium when opium was not available. It has also been used to manage opioid withdrawal symptoms by chronic opioid users.

Licit Uses:

Kratom has no legitimate medical use in the United States.

Chemistry:

Kratom's chemistry centers on a unique class of indole alkaloids. At least 54 alkaloids have been isolated in kratom. The alkaloid content varies significantly based on factors like plant strain and maturity, leading to variations in the chemical profile of different kratom products. Among the diverse alkaloids present in kratom, mitragynine (the most abundant alkaloid- about 66% of total alkaloid content) and 7-hydroxymitragynine (minor alkaloid, <2% of total alkaloid content) are the most studied alkaloids.



Pharmacology:

Available preclinical data show that both mitragynine and 7-hydroxymitragynine, similar to morphine, produce analgesia that can be attenuated by naloxone. Further, mitragynine and 7-hydroxymitragynine fully substitute for morphine in a drug discrimination study, an animal experimental model to assess shared pharmacological properties and subjective effects. At low doses, kratom produces stimulant effects, with users reporting increased alertness, physical energy, talkativeness, and sociable behavior. At high doses, kratom's opioid effects include sedation and euphoria. Effects occur within 5 to 10 minutes after ingestion and last for 2 to 5 hours. Acute side effects include nausea, itching, sweating, dry mouth, constipation, increased urination, and loss of appetite.

Kratom consumption can lead to addiction. There have been reports of kratom withdrawal among chronic users. Long-term use of kratom produced anorexia, weight loss, insomnia, skin darkening, dry mouth, frequent urination, hepatotoxicity, and

constipation. Furthermore, several cases of kratom psychosis have been observed, during which kratom addicts exhibited psychotic symptoms that included hallucinations, delusion, and confusion. In the United States, the use of kratom has been associated with cases of overdose and fatalities.

Illicit Uses:

In recent years, kratom and kratom-based products have increased in popularity on the recreational drug market. Kratom is mainly abused orally as tea or by chewing its leaves. Kratom is commonly used as an alternative to prescription opioids, self-treatment of opioid use disorder, or other substance use disorder, including withdrawal.

America's Poison Centers' 2023 annual report indicates that kratom accounted for 1,489 case mentions, 880 single exposures, 671 cases that involved treatment in a healthcare facility, and 5 deaths. According to data from the Food and Drug Administration's Adverse Event Reporting System, kratom (herbal/mitragynine and 7-hydroxymitragynine) was co-involved in 1,486 cases from 2008 to 2025. Of those cases, 1,387 cases were classified as serious and 715 cases involved death.

Other countries are reporting emerging trends in the use of kratom. In the United Kingdom, kratom is promoted as an "herbal speedball." In Malaysia, kratom (known as ketum) juice preparations are illegally available.

Illicit Distribution:

DEA's National Forensic Laboratory Information System (NFLIS) Drug database collects scientifically verified data on drug items and cases submitted to and analyzed by federal, state, and local forensic drug laboratories. NFLIS-Drug has received over 4,000 reports of mitragynine since it was first reported in 2010. The annual number of mitragynine reports peaked in 2018 at 609 and has steadily decreased since then to 369 in 2020, 360 in 2021, 292 in 2022, 269 in 2023, and 261 in 2024. NFLIS-Drug received the first 4 reports of 7-hydroxymitragynine in 2025 (data still pending).

Kratom is widely available on the Internet and is also sold in ethnobotanical retail stores; numerous vendors within and outside of the United States sell kratom and promote it as a legal psychoactive product. On the Internet, kratom forms available include leaves (whole or crushed), powder, extract, encapsulated powder, and extract resin "pies" (40-gram pellets made from reduced extract). Seeds and whole trees are also available through some online vendors, suggesting the possibility of domestic cultivation.

Control Status:

Kratom is not a controlled substance or listed chemical under the Controlled Substances Act.

Comments and additional information are welcomed by the Drug and Chemical Evaluation Section; Fax 571-362-4250, Telephone 571-362-3249, or Email DPE@dea.gov.

Kratom products may pose a public health risk, Beltrami County official warns

Kratom and its synthetic counterpart, 7-OH, are legal at the federal level, are widely available and offer stimulant and opioid effects, which have sparked concern in Beltrami County.



A wall stocked with kratom products is found in a Bemidji head shop.

TJ Rhodes / Bemidji Pioneer

By TJ Rhodes

November 19, 2025 at 7:00 AM

BEMIDJI — Many know of heroin, an addictive and illegal opiate. Fentanyl, heroin's synthetic counterpart, is also well known and has contributed to a nationwide opioid epidemic.

However, other legal substances that mimic opioids and can be addictive exist, with one being coined “gas station heroin.”

Kratom is the culprit, acting as a stimulant in low doses — boosting energy and alertness — and an opioid in large doses — sedation and reducing pain — though the effects can differ between individuals.

Kratom earned its nickname due to its widespread availability at gas stations and its natural origin. Kratom is derived from the kratom plant found in Southeast Asia, similarly to how heroin comes from the opium poppy plant.

Like heroin, kratom has its own fully synthetic counterpart known as 7-hydroxymitragynine — simply 7-OH — which can be far more potent than natural kratom products.

Many health professionals believe that kratom and 7-OH are a danger to public health, including Beltrami County Case Manager and Bemidji Early Childhood Collaborative Board President Kami Kelm, who has worked with individuals with substance use disorders for around 11 years.

"People are starting to recognize that (kratom) is a problem," Kelm said. "I started to hear some of the people that I'm working with who had opioid addictions, talking about how they needed to use something to get them over the 'dope sickness.' That's what some of them were using kratom for. I've had other people who have just straight up started using kratom, and they found themselves addicted to it, and that number of people is growing.

"The withdrawal process is exactly like the withdrawal process from heroin or fentanyl."

One of Kelm's patients, who asked to remain anonymous, demonstrated how easy it was for kratom to enter and disrupt their own life. They first heard of kratom while driving and listening to a podcast that detailed kratom.

Kratom is marketed as a natural remedy to boost energy, supplement anxiety, relieve pain or aid in opioid addiction recovery. While 7-OH is sold under the same guise, it can be misleading as it is often sold next to the natural product and has

many alternative names, such as 7-OH-mitragynine, 7-OHMG, 7-Hydroxy, 7-HMG, kratom extract or enhanced kratom.

"Because it's sold as a supplement, it is completely unregulated," Kelm explained, "and there's concerns about it having other substances in it, like metals that shouldn't be in there, and other compounds that you don't know that you're taking. You don't know how much of it you're getting, either. ... It's like any other drug that people are using; they can get too much of it."

The podcast her patient listened to solely focused on its energetic properties without listing potential negatives.

The individual decided to give kratom a try and was hooked six months later. They tried to quit with no success. What followed was a decade of kratom addiction that they recently overcame earlier this year.

"I wish I never heard of (kratom)," they exclaimed. "It was horrible. It was 10 years of hiding it and buying it online. ... It's horrible stuff. I went to detox twice and went back to using, like, three days later. So, it was a big problem."

The patient explained that kratom seemed to dictate their life, resembling many other addictions.

"It's just one of those things where it started controlling me," they said. "I didn't even want to do it, but because I was physically addicted to it, I had to, so I didn't get sick. (Withdrawal) was kind of like having a really bad flu. Headache, diarrhea, nausea, it was the whole gamut of everything."

Kelm's patient offered one simple piece of advice for those wishing to try kratom: "don't."

For those struggling with the substance, the patient offered a different perspective through personal experience.

"Go through (the detox), you just got to be tough and get through it," they shared. "It only takes a week to get (kratom) out of you, and then you do feel a lot better. You don't even know how (bad) you were feeling until you've lasted for a week. (It's) a big

help to just talk to people who know what you're going through once you get through the initial detox."

FDA-listed side effects include nausea, vomiting, chills, sweating, itching, a loss of appetite, hallucinations or delusions. Long-term use can cause different side effects, including weight loss, skin darkening, a frequent need to urinate, constipation, muscle pain and liver damage.

Kelm noted that Beltrami County can help individuals connect with proper detox services to aid in the process.

Beltrami County's role In an effort to mitigate opioid usage, the county helped form "Rise Above," a youth advisory committee comprised of Bemidji and Blackduck High School students.

Over the summer, Kelm led the committee through Bemidji to see what area shops offered to whom. The committee was immediately introduced to kratom products that can be sold just about anywhere; more specifically, "Feel Free," a kratom drink that also includes kava root, a plant from the pepper family that is found in the Pacific Islands and can possess psychoactive properties when used in a drink.

Feel Free is one of many branded kratom drinks that are sold over the counter, packaged similarly to 5-Hour Energy drinks. These drinks are typically nestled next to candy, gum, nicotine products and energy drinks, normalizing their presence.

Committee members drafted letters in hopes of removing kratom products from store shelves, worried that fellow students may try them without knowing the ramifications.

Their effort potentially bore results.

The Pioneer recently replicated Rise Above's summer task of finding kratom products by traveling to 16 different shops in Bemidji. Of the sample size, 25% stocked kratom products — four of 16. All four enforced a 21-year-old age limit.

One of the four locations that stocked kratom products noted it was discontinued and once gone, it would not be restocked.

Additionally, one of the eight locations that did not stock kratom products noted that it used to, but stopped due to low sales.

It's important to note that a sample size of 16 is relatively small compared to the total number of locations that could have been surveyed.

Still, Kelm believes any quantity of kratom is worrisome.

"I just want people to know about it, that it is an addictive substance, because it isn't marketed that way. It's marketed as a feel-good substance; it's going to solve your problems and help you out and reduce your pain and give you energy. It makes all the promises," she said. "If you look at the websites that are selling it, it's like the wonder drug, and that's a little bit terrifying."

Kratom's legality

Kratom is legal at the federal level and is available in Minnesota for anyone 18 and older. Bills have surfaced to regulate or ban it in Minnesota, with no success.

Wisconsin is among six states that have banned kratom. Certain cities and counties, such as San Diego and Denver, have banned the substance locally. Conversely, four states have passed American Kratom Association -specific legislation to support kratom products.

But soon, its legal status could change.

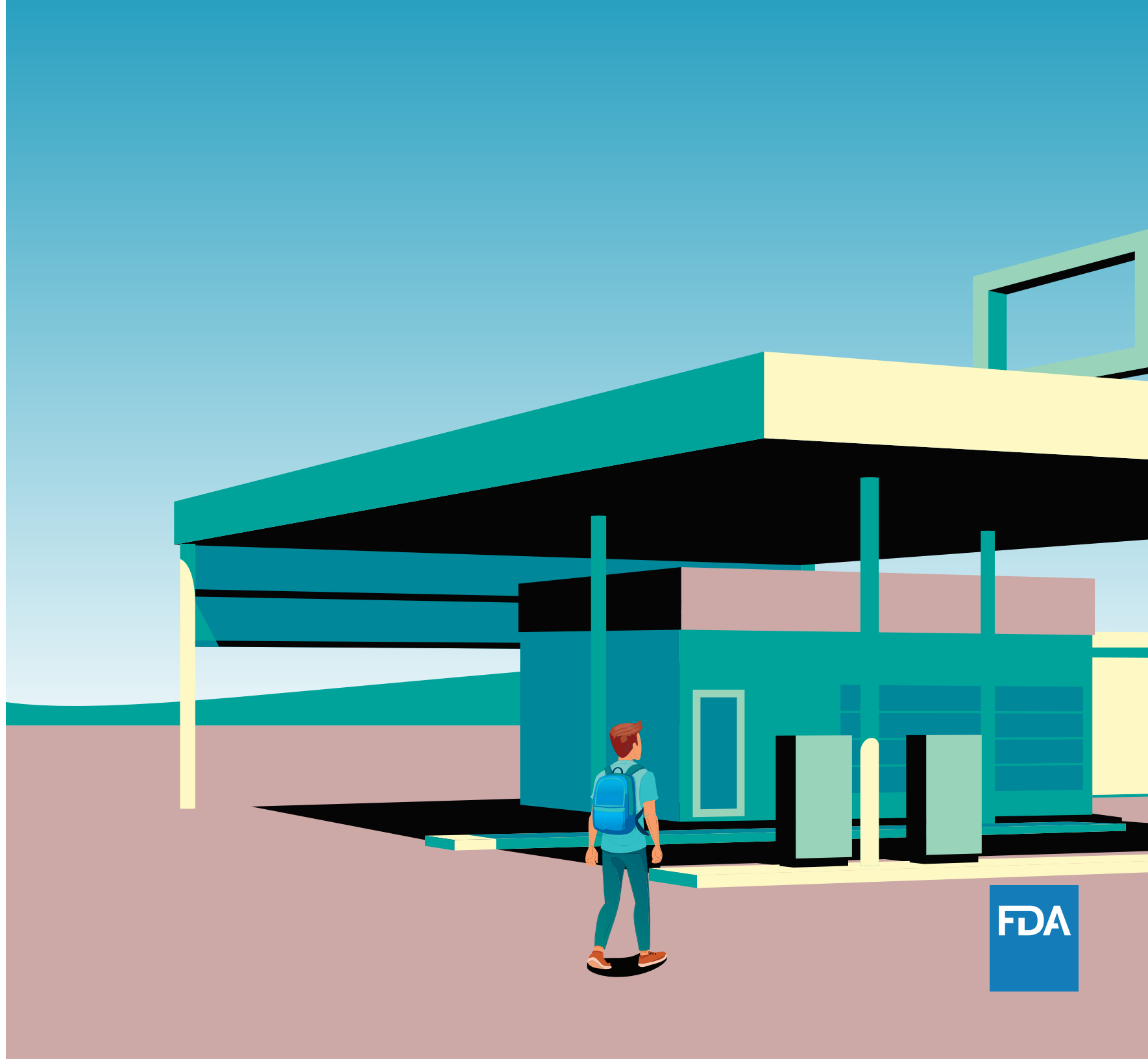
In July, Health and Human Services Director Robert F. Kennedy Jr. issued a statement that said the Federal Drug Administration has begun an effort to ban kratom's synthetic counterpart, 7-OH, to battle the opioid epidemic.

The FDA aims to list 7-OH as a Schedule 1 controlled substance under the Controlled Substances Act. This would not impact natural kratom products. To date, neither HHS nor the FDA has introduced such legislation.

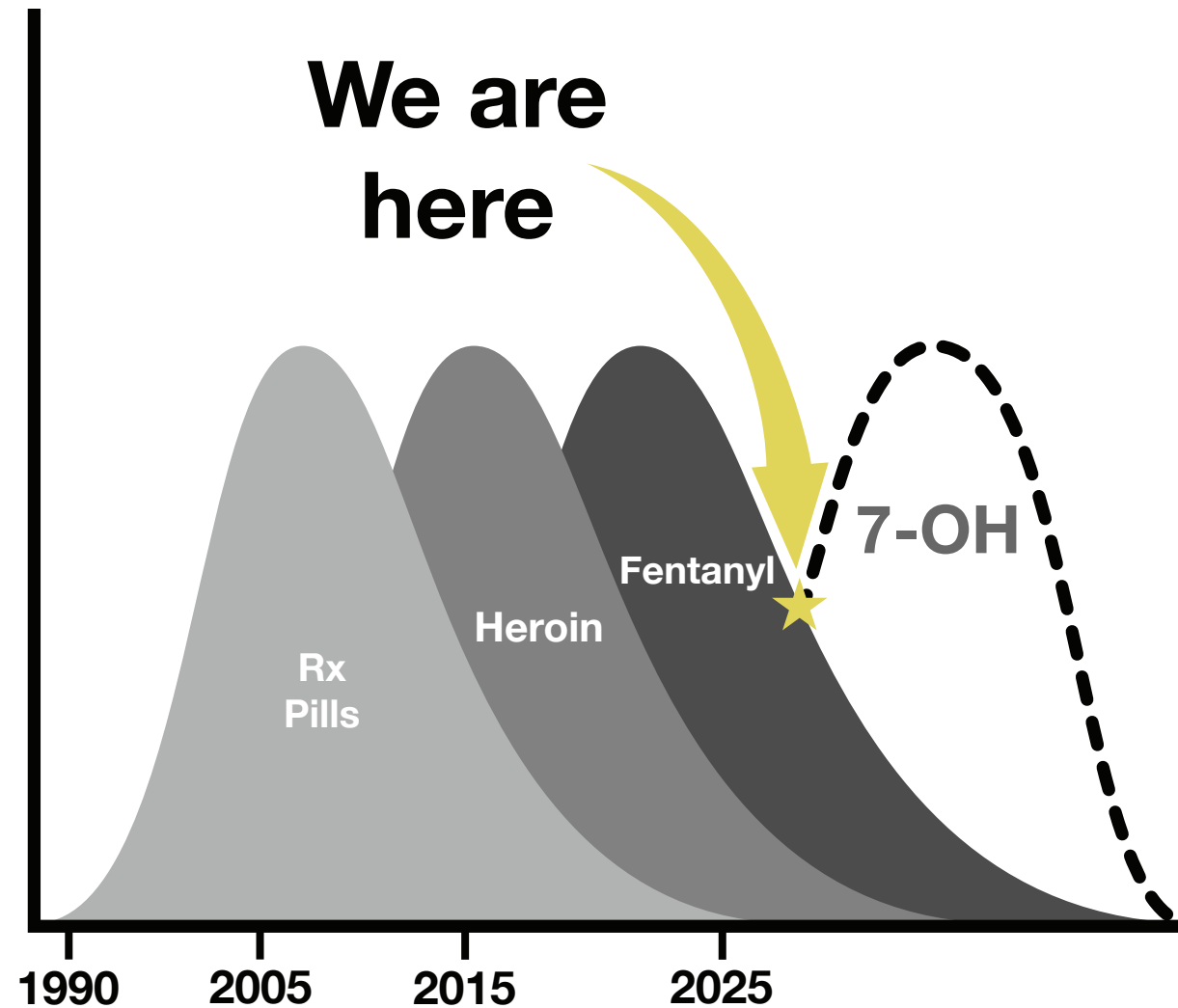
Many advocates believe that kratom should not be placed under a spotlight and that other, more dangerous drugs should be focused on instead. But talks from officials such as Kennedy suggest kratom may be the next legal substance to face pressure from the federal government.

Preventing The Next Wave of the Opioid Epidemic:

What You Need to Know About 7-OH






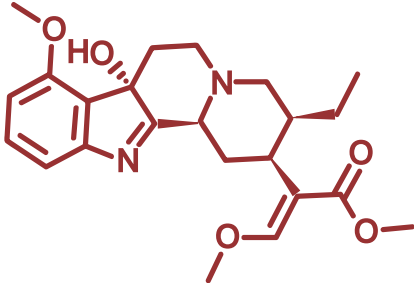
The Opioid Epidemic is Evolving with 7-OH. We Can and Must Act Now to Prevent a New Wave.



Note: The next potential phase of the opioid crisis may be defined by the emergence of novel synthetic opioids like 7-OH, combined with an increasing prevalence of concurrent use of opioids and other controlled substances.



7-OH is Engineered to be Addictive. It is a Potent Opioid by Design.

 <p>Rx Pills</p>	 <p>Heroin</p>
 <p>Fentanyl</p>	 <p>7-OH</p>

7-OH (formally known as 7-Hydroxymitragynine) is a powerful psychoactive compound that occurs naturally in very small amounts in the Kratom plant.

7-OH products are concentrated derivatives often falsely marketed as Kratom.

Street names include 7-Hydroxy, 7-OHMG and '7'.



This Opioid is not Prescribed or Purchased on the Street - It's Sold like Candy at Retail Stores and Online.



What began as doctor-prescribed painkillers migrated to back-alley dealers when prescriptions dried up. Opioids have disturbingly gone mainstream with 7-OH—no prescription needed, no dealer required. This dangerous opioid is sitting on store shelves, making gas stations and convenience stores risky places where kids can purchase these drugs as easily as buying candy.



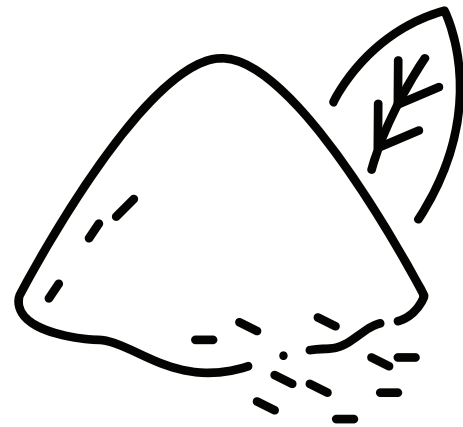
Hiding in Plain Sight: 7-OH Products are Designed to Look Like Everyday Treats Like Gummies, Candies and Ice Cream.



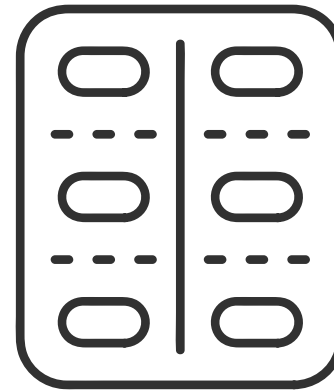
Note: These images are select illustrative examples and do not represent the full scope of 7-OH products on the market. Consumers should read packaging and labels carefully to determine whether a product contains 7-OH.



While Some 7-OH Products are Marketed as Natural Kratom, They are Not the Same. 7-OH Presents Significant Risks.

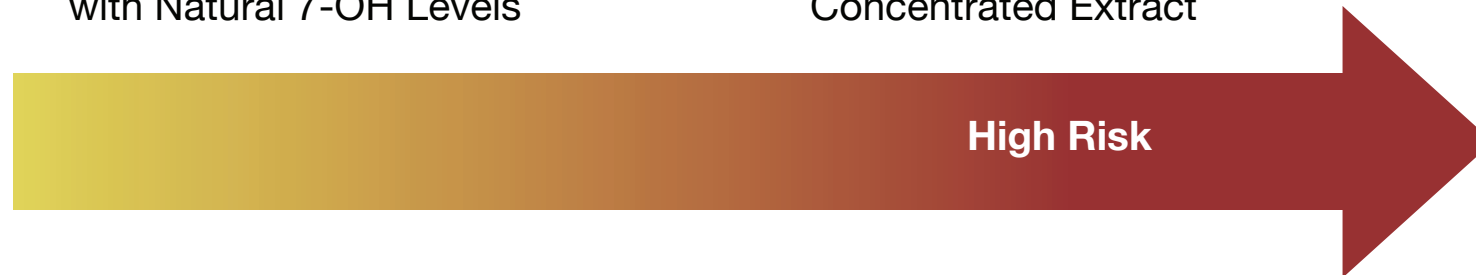


Crushed/Powdered Leaves
with Natural 7-OH Levels



Kratom 7-OH Significantly
Concentrated Extract

**7-OH is 13x
more potent
than morphine.**

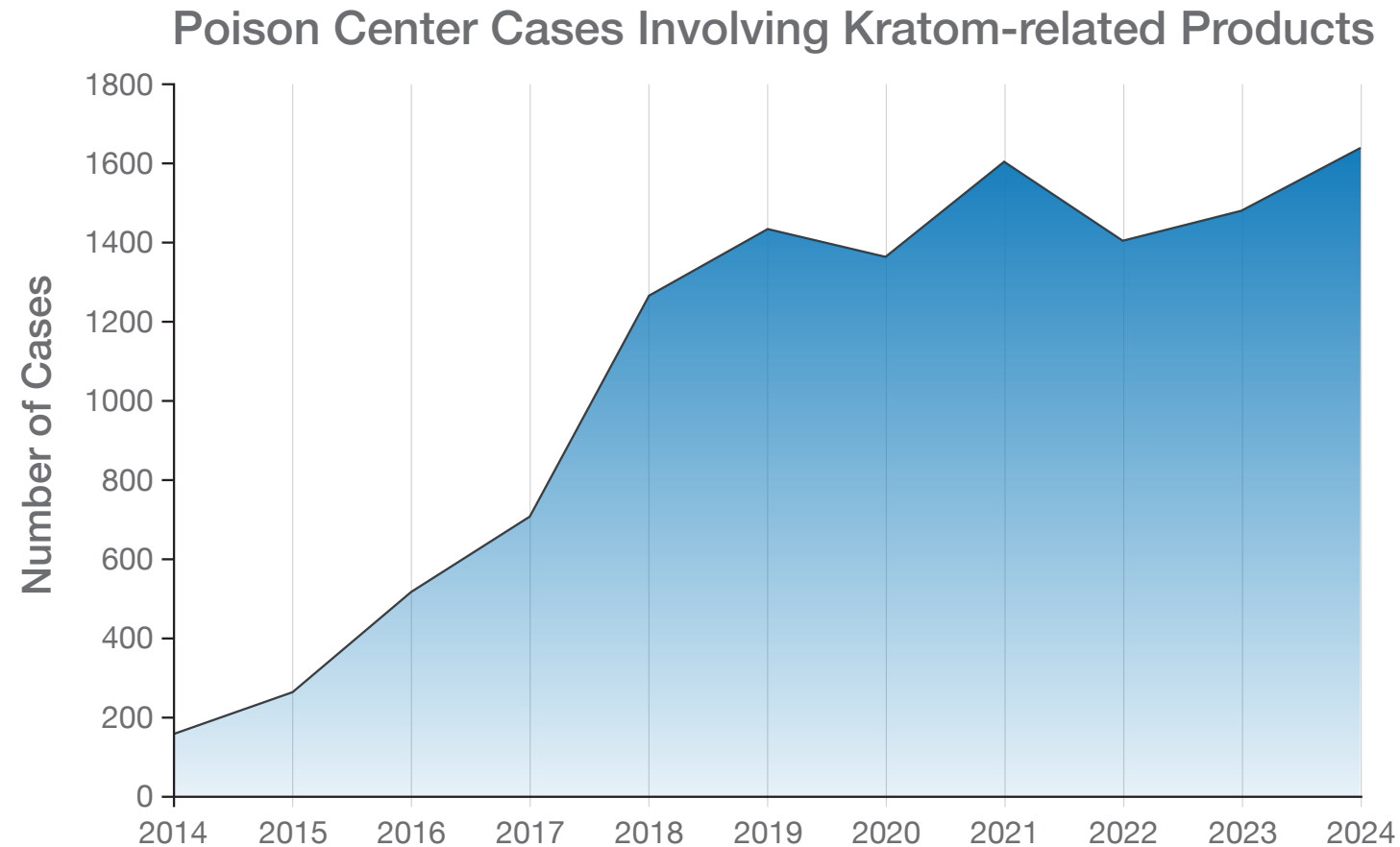


“Enhanced” or “spiked” kratom products may appear to be natural leaf, but actually contain as much as 500% more 7-OH than would be expected naturally.



Poison Control is Sounding the Alarm on 7-OH.

American families are reporting side effects such as dependency, withdrawals, overdose and even death.

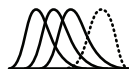


Note: Kratom-related products refers to a broad category of botanical kratom products and other kratom-derived products, including an unknown number of 7-OH involved cases; a classification code for 7-OH products was added to the National Poison Data System only in February, 2025.

*Data reflect partial year.



In 2025*, approximately 40% of 7-OH reports were among individuals abusing the drug.



There is No Safe Swap. 7-OH is an Opioid, Not an Alternative for Approved Treatments.

Kratom-related products, including 7-OH, are not safe or approved treatments for opioid or SSRI (selective serotonin reuptake inhibitors) withdrawal symptoms, chronic pain, or to treat depression, anxiety and other mood disorders.



KRATOM



7-OH



FDA APPROVED THERAPIES



Protect You and Your Family



If you believe someone is experiencing an adverse event from a 7-OH product, contact the Poison Help Line (1-800-222-1222) or visit www.poisonhelp.org for help.

If someone is unresponsive, dial **911** immediately!

- Avoid buying any products with 7-OH.
- When buying candy or other treats for you or your family, examine the packaging and label so you don't accidentally buy a treat containing 7-OH.
- Talk to your health care professional if you need help with opioid addiction, anxiety, mood disorders, pain, or other ailments.



“Even better than rolling back a public health crisis would be never having one in the first place: Let’s not allow 7-OH to drive the next wave of the U.S. opioid epidemic.”

– Marty Makary, M.D., M.P.H., FDA Commissioner



Hello Ms. McDaniel,

I am writing to submit written testimony regarding **HF3453**, scheduled for hearing tomorrow, March 17, 2026. As a Minnesota resident who cannot attend in person, I appreciate the opportunity to share my perspective on these measures.

I **fully support HF3453**, which establishes 21 as the legal age for kratom possession. This is a common-sense regulation that aligns with other adult-use substances. I am a strong advocate for reasonable regulation of whole-leaf kratom, as current research indicates that whole-leaf products—distinct from concentrated extracts—pose no significant health risk when used responsibly.

My support for regulation comes from personal experience. I have used whole-leaf kratom for seven years to manage chronic depression and anxiety. After years of struggling with various pharmaceuticals that failed to improve my quality of life, kratom allowed me to regain my health and stability without any adverse side effects.

However, I **strongly oppose HF3452**, which seeks to classify kratom as a Schedule II substance. Rescheduling whole-leaf kratom would effectively strip away a safe, life-changing tool for many Minnesotans and treat a natural botanical the same as highly restricted opioids. I urge the committee to move forward with the protective regulations in HF3453 while rejecting the overreach of HF3452.

Sincerely,

Collin Teich
Bloomington, MN

Dear Representatives and Committee Staff,

I am writing to you today regarding HF3453, a bill to establish the legal age to possess kratom at 21. As someone who has personally benefited enormously from this natural botanical, I wanted to share my story and some research-backed context as you consider this legislation.

My Journey with Kratom

After years of struggling with debilitating anxiety and depression, I tried countless mental health medications. Each came with a host of side effects, and more importantly, none provided the relief I desperately needed. The cycle of hope and disappointment took a significant toll on my quality of life.

When I first learned about kratom, I was skeptical. But it has been nothing short of transformative. For the first time in years, I have found something that effectively manages my symptoms without the overwhelming side effects of prescription medications. Kratom didn't just help me cope—it gave me my life back.

The Research: Kratom's Potential for Mental Health

My personal experience is supported by a growing body of scientific research. Studies published in peer-reviewed journals indicate that kratom's alkaloids, particularly mitragynine, interact with multiple receptor systems in ways that may offer therapeutic benefits. Recent research highlights "potential antidepressant and anxiolytic benefits" and notes that individuals are using kratom products for the "self-management of pain, opioid use disorder, anxiety and depression" (Grundmann et al., 2024).

A 2023 Johns Hopkins survey of nearly 5,000 kratom users found that for those meeting criteria for psychiatric conditions including depressive and anxiety disorders, respondents reported decreased depressive and anxious moods than before kratom use (Johns Hopkins Medicine, 2023). This isn't anecdotal, this is data showing real-world positive outcomes.

Another survey from Johns Hopkins Medicine found that approximately 67% of participants reported using kratom for anxiety and 65% for depression (Garcia-Romeu et al., 2020). A 2024 meta-analysis published in European Addiction Research concluded that "a positive gain from kratom consumption can be achieved without any significant adverse associations with mental health" (Saref et al., 2024).

Understanding the Safety Profile

The NIH's National Center for Complementary and Integrative Health acknowledges that while research is still evolving, kratom has been used traditionally for centuries in Southeast Asia to fight fatigue, improve mood, and alleviate pain (NCCIH, 2022). Importantly, fatal overdoses from kratom alone appear to be extremely rare. The NIH also notes that reported side effects are

often mild—such as nausea or constipation—and that more serious effects typically involve combination with other substances or pre-existing conditions (NCCIH, 2022).

The 2020 Johns Hopkins survey of over 2,700 users found that less than 3% met criteria for moderate or severe substance use disorder related to kratom, and fewer than 100 kratom-related deaths have been reported in a comparable period, with most involving other drugs or preexisting health conditions (Garcia-Romeu et al., 2020).

My Request

I want to be clear: I am not opposed to an age increase to 21. I understand the desire to restrict access for younger individuals. However, I respectfully ask that as you move forward with HF3453, you do so with a full understanding of kratom's legitimate therapeutic value.

For many of us, kratom is not a recreational substance, it is a lifeline. It saves lives every day by providing relief where conventional medicine has failed. Please consider the thousands of Minnesotans who, like me, have found in this plant an effective tool for managing mental health challenges.

Thank you for your time and for your service to our state. I am happy to provide additional information or discuss my experiences further if it would be helpful to your deliberations.

Sincerely,

Erik Hemmila
320 S 9th St
Bird Island, MN 55310

References

Garcia-Romeu, A., Cox, D. J., Smith, K. E., Dunn, K. E., & Griffiths, R. R. (2020). Kratom (*Mitragyna speciosa*): User demographics, use patterns, and implications for the opioid epidemic. *Drug and Alcohol Dependence*, 208, 107849.

Grundmann, O., Veltri, C. A., Morcos, M., & Smith, K. E. (2024). Kratom use for mental health conditions: A systematic review and meta-analysis. *European Addiction Research*, 30(1), 1-15.

Johns Hopkins Medicine. (2023). Kratom use associated with improved mental health in large survey study. Johns Hopkins Medicine Newsroom.

National Center for Complementary and Integrative Health (NCCIH). (2022). Kratom (*Mitragyna speciosa*). U.S. Department of Health and Human Services, National Institutes of Health.

Saref, A., Suraya, S., Singh, D., Grundmann, O., Narayanan, S., Swogger, M. T., & Prozialeck, W. C. (2024). The therapeutic potential of kratom: A systematic review of the literature. *European Addiction Research*, 30(2), 67-82.



March 17th, 2026

TO: Co-Chair Moller, Co-Chair Novotny, and Members of the Committee

CC: Representatives J. Hanson; Elkins; Baker; Bahner; Gillman; Falconer; and Pursell

FROM: Michele Hein, Chair, Fentanyl Free Communities Foundation; Paul Ostrow and John Kingrey, Co-Chairs, FFCF Policy Committee

RE: Support of HF 3453

On behalf of the Fentanyl Free Communities Foundation (FFCF), we express our support for HF 3453.

FFCF is a coalition of parents who have lost a loved one to fentanyl poisoning, community members impacted by fentanyl, and criminal justice partners. FFCF is dedicated to safeguarding the well-being and futures of Minnesota families by continually educating and advocating for comprehensive measures to combat the devastating impact of illicit fentanyl poisoning, abuse, and addiction, so that lives are saved.

In a recent article, the Mayo Clinic labeled Kratom as unsafe and ineffective. “Kratom is promoted as a treatment to ease withdrawal symptoms from opioid medicines. But it can cause addiction and withdrawal symptoms of its own. While kratom is sold as a dietary supplement, it is not approved by the Food and Drug Administration (FDA) for any medical use. The FDA warns people not to use it due to the risk of addiction, misuse, and dependence. As with other pain medicines and recreational drugs, it is possible to overdose on kratom. The treatment for a kratom overdose is like the treatment for an opioid overdose. This includes using naloxone (Narcan, Kloxxado, others) and seeking medical attention right away.”

Through collaborative partnerships and outreach, FFCF strives to implement evidence-based strategies and programs to raise awareness, educate, and advocate for effective prevention.

FFCF has historically supported policies, limitations on, and education of the dangers of use of kratom, especially among young people.

By raising the age of sale or possession of Kratom to 21 years of age, HF3453/SF3704 takes an important step toward keeping this drug away from our youth.



My name is Walker Gallman and I'm the Legislative Director for the Global Kratom Coalition (GKC), an alliance of consumers, scientific experts, and industry leaders seeking to enact regulations to ensure consumers have access to safe and regulated natural leaf kratom products. Our mission is to advance scientific research, encourage consumer education, and serve as a resource for key stakeholders and decision makers in legislative and regulatory matters.

The GKC strongly supports HF3453 which would raise the required age for the sale or possession of kratom to 21 years. This legislation provides a balanced solution that safeguards consumer safety while allowing responsible adults to continue accessing safe, natural kratom products. However, while we believe this is a step in the right direction, we also believe more should be done. Specifically, the GKC supports additional regulations that include labeling requirements, testing requirements, prohibitions on synthetic derivatives, and limits on the concentration of 7-hydroxymitragynine in a product.

As the science on natural kratom has advanced, it has become overwhelmingly clear consumers should not be prevented from accessing this natural botanical. However - we need to also acknowledge that 'not all kratom is equal - and in fact 'not all products that call themselves kratom actually are. Due to the current absence of state regulations, dangerous concentrated synthetic opioid products, like concentrated 7-hydroxymitragynine (7-OH) opioid products, are now masquerading as natural kratom while marketing themselves as drugs. Concentrated synthetic 7-OH products bear absolutely no resemblance to the natural leaf kratom products that are used by millions of Americans.

For context, natural 7-OH is an oxidative byproduct compound found in trace amounts in dried kratom leaf. However, concentrated synthetic 7-OH products contain more than 100 times more synthetically created 7-OH than what is found in natural kratom leaf, the result of which is a product that is 13 times more potent than morphine.

A prohibition on concentrated synthetic 7-OH is something the GKC believes to be a critical piece in ensuring consumer protections for Minnesota kratom consumers. This approach is in line with the actions taken by the FDA, in tandem with HHS and DEA, on July 29, 2025. Specifically, these agencies held a joint press conference to announce coordinated federal action to schedule concentrated synthetic 7-OH, that is found in novel opioid products, as a Schedule I controlled substance. Following this action, States like Kentucky and Florida have followed suit by also moving forward with the emergency scheduling of concentrated synthetic 7-OH while maintaining access to natural leaf kratom. In each instance they scheduled any product that contains a level of 7OH above 400 parts per million by dried weight.



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. 7-OH products bear absolutely no resemblance to the natural leaf kratom products that are used by 23.9 million Americans.

With the current lack of guardrails on the industry (outside of the current age requirement) and the prevalence of high-risk products, raising the age requirement for the sale and possession of kratom products to individuals under the age of 21 is an excellent first step in regulating the kratom market at large and ensuring only responsible adults are able to purchase kratom products. We are encouraged by this proposal and hope the legislature will build off this effort in the future to enact additional regulations to provide more robust consumer protections.

Walker Gallman

Walker Gallman

Legislative Director
Global Kratom Coalition

From 2008 to 2019, I lived in the grip of FDA-approved pain pills, benzos, and muscle relaxers prescribed for my degenerative disc disease. For 11 years, chronic pain management fueled my addiction. What started as a dependency slowly slid into a destructive cycle of misuse and despair.

In April 2019, I was dismissed from pain management after failing a required pill count. I was 11 pills short, and my usual drug dealers didn't have the pink oxy 10s I needed. Cut off from prescriptions, I turned to the streets in desperation and eventually slipped into cocaine use while searching for another doctor.

Then, in June 2019, while suffering through cocaine withdrawal, I stumbled upon the documentary A Leaf of Faith. That single moment changed the course of my life. The very next day, I began my journey with whole-leaf Kratom, not synthetic 7OH, by walking into a smoke shop. The Kratom was in a glass case, locked up and i was carded when purchased.

Kratom quieted the relentless cravings, the constant voice whispering, one more pill, one more snort, one more escape. For the first time in over a decade, I felt peace. Kratom gave me the space and clarity to confront the deeper reasons behind my addiction and to rebuild my life from the ground up.

I have not returned to pain management in over six and a half years. Today, I am a thriving mother, a proud first-time grandmother, a functioning member of society, and a tax-paying citizen. Most importantly, I'm no longer a burden to my children. I'm an example of hope and healing.

I will forever be grateful that I found safe, lab-tested, whole-leaf Kratom. Now, I share my story, knowledge, and the science behind it to help others facing addiction, chronic pain, anxiety, and depression.

Yours truly,

Misty Brown

Kratom Consumer, Advocate and Activist, est. 2019.

Dear committee member,

My name is Reed, I am a kratom advocate, and I love Minnesota! I live just over the border in SD, but I often visit family, travel for work, and most importantly come to enjoy your amazing parks system every year (Itasca last year was awesome!). My love for MN requires me to speak on this issue, and I am respectfully asking you to regulate - not ban - kratom. Here's why:

Ten years ago, I was destroying myself with alcohol. I found myself on a downward spiral, - drinking more, getting sicker, damaging relationships, and hit rock bottom when I found myself waking up in a jail cell with no clue how I got there. I knew I had to stop, but I didnt know how. Enter kratom.

Kratom kickstarted my sobriety journey. And while therapy and community support were vital as well, this natural medicine was the lynch-pin that bought me enough time to realize I didnt need to poison myself with alcohol to get through the day. Now, I am healthy, 10 years sober, and thriving in a career that allows me to serve the people every day. Without kratom, I wouldnt be here, and this story is not unique. Tens of thousands of people have used kratom to beat the leading cause of death in young people - addiction and overdose from alcohol and fentanyl.

Those in recovery are not the only group that uses kratom to beat debilitating medical conditions. Veterans suffering PTSD and chronic pain patients are also using this safe, natural remedy to improve their lives. A total ban will criminalize responisble, hard-working people who only want to maintain employment and be upstanding members of society.

I understand there are concerning synthetic, adulterated, and highly concentrated products calling themselves kratom. I fully agree these need to be dealt with and regulated. Plain-leaf, organic kratom is completely different than these concerning synthetic products. A good comparison is the issue we had with "4-Loko" 10 years ago. It was an extremely high alcohol percent, highly caffiniated drink that was causing health issues, which we banned, but we didnt ban organic tea along with it because it also had caffiene. There is an easy win-win here and it is to set up a regulatory framework that accomplishes both public safety and keeps kratom safe and legal. I fully support age limits, potency limits, and all other responsible regulation over banning kratom. Please support HF3453, the bill to set up responsible regulation, and oppose HF3452, which is set to ban kratom.

Please do not allow an overly-broad piece of legislation to take away what I and many thousands more have used to aid with debilitating medical conditions and turn us into criminals. Instead consider responsible regulation or an ammendment that gives everyone what we all want - public safety, personal freedom, and a life free from alcohol and opiod addiction.

Thank you so much for your time and service!

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Written Testimony on HF3453 - Kratom Age Restriction (21+)

Submitted by Ryan Haugen, Woodbury, Minnesota

Chair and Members of the Committee, thank you for the opportunity to submit written testimony regarding HF3453. I am a Minnesota resident and a professional audiobook narrator and voice actor. I am writing in support of a thoughtful regulatory approach to kratom rather than prohibition.

For many years I struggled with severe anxiety, depression, and periods of problematic alcohol use. After cautiously incorporating low dose whole leaf kratom into my routine, I experienced a level of emotional stability I had never achieved through prescription medications. From that foundation I rebuilt my life. Today I work in a career that depends on focus, communication, and collaboration. Kratom played an important role in making that stability possible.

I support reasonable safeguards. Minors should not have access to kratom products, and clear labeling standards and product safety requirements would help protect consumers. I also believe lawmakers should be careful to distinguish between traditional whole leaf kratom and high potency extracts or isolated compounds such as 7-hydroxymitragynine. Conflating these very different products risks policy outcomes that unintentionally harm responsible adult consumers.

A measured regulatory framework can protect public safety while preserving access for adults who rely on whole leaf kratom responsibly. HF3453 represents a constructive starting point for that conversation.

Thank you for your time and for considering the perspectives of Minnesota residents who are directly affected by this issue.

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TESTIMONY ON HF 3453 BEFORE THE PUBLIC SAFETY FINANCE AND POLICY

March 16, 2026

Mac Haddow, Senior Fellow on Public Policy, American Kratom Association

Chair and Members of the Committee,

Thank you for the opportunity to testify in support of HF 3453, which raises the legal age for purchase and possession of kratom products to 21.

I present this testimony on behalf of the American Kratom Association (AKA) where I serve as the Senior Fellow on Public Policy. The AKA speaks for the more than 24 million Americans who responsibly consume natural kratom leaf and extract products that meet FDA standards for wholesomeness and quality.

The AKA supports the age-21 standard because Minnesota's current kratom statute is an age-only framework: it criminalizes sale to minors and minor possession, but we urge the Committee to support providing statewide consumer protections for product formulation, solvents, alkaloid limits, and labeling.

The AKA encourages the Legislature to consider today's kratom market, where high-potency opioid-like products are widely sold — including products deliberately designed in child-appealing formats, often with names that openly entice consumers seeking a euphoric high or opioid like experiences .

A large and growing number of jurisdictions have already moved beyond age-only rules. As of today, there are 20 states that have enacted what we call "Kratom Consumer Protection Act (KCPA)" legislation.

Equally important, modern kratom policy must reflect what federal enforcement agencies are saying about the difference between natural leaf and high-potency 7-hydroxymitragynine ("7-OH") products.

The FDA has drawn a clear line around the most urgent threat: chemically manipulated 7-OH products. FDA has stated it recommended scheduling action for certain 7-OH products and that it is not focused on natural kratom leaf products. The U.S. Department of Justice has also described 7-OH products as illegal under federal law in enforcement actions, noting that there is inadequate information to provide reasonable assurance that 7-OH does not present a significant or unreasonable risk of illness or injury.

This federal posture explains why an age limit is necessary but not sufficient. The core risk is not only whether a buyer is 18 or 21; the risk is what is in the product, how it may be

chemically manipulated, and whether it is a semi-synthetic opioid marketed under a “kratom” label.

I urge the Legislature to pair HF 3453’s age-21 provision with a broader Minnesota kratom consumer protection framework that includes limits on product formulations, including extraction solvent controls. Other state frameworks define kratom extracts as produced using solvents such as water, ethanol, and food-grade carbon dioxide, and they regulate residual solvent levels. Minnesota should adopt the same approach and require that extraction solvents be limited to FDA-appropriate food-grade solvents and that products be tested by the manufacturer for residual solvents as a condition of legal sale.

Consumer protection must also include strict limits on chemically manipulated or synthetically produced products — especially 7-OH. FDA’s own communications emphasize that 7-OH products can be potent opioids, marketed in ways attractive to youth, and appear in “enhanced/spiked” products at levels far above natural leaf expectations. Minnesota law should prohibit products containing added or enhanced 7-OH above defined thresholds and should prohibit related semi-synthetic derivatives such as mitragynine pseudoindoxyl and MGM-15/16-type compounds, which policy and scientific documents describe as even more potent opioid analogs emerging in consumer markets while human safety data remain thin.

Consumer protection must include appropriate labeling. As of today, 20 states require product labeling for kratom products, and many require disclosure of mitragynine and 7-OH content, serving-size information, and warnings. Minnesota should require labels that clearly disclose mitragynine and 7-OH content, recommended serving size, servings per container, manufacturer contact information, and clear warnings, and should prohibit marketing that disguises 7-OH products as ordinary kratom.

Consumer protection must include age restrictions. HF 3453 advances Minnesota toward the dominant national model — many states restrict purchase to age 21. But the age restriction should sit inside a comprehensive scheme, so Minnesota is not relying on criminal law alone to police a product-safety problem.

Finally, Minnesota must directly resolve marketplace confusion. Right now, Minnesota’s thin statute effectively forces market participants and regulators to treat the FDA kratom webpage as a de facto classification guide — especially about whether a product is a food, a supplement, or something else. FDA’s statement that kratom is not lawfully marketed as a dietary supplement and cannot be lawfully added to conventional foods has created downstream confusion for businesses about what is allowed. The Legislature can resolve this by explicitly creating a Minnesota “kratom product” category that permits adult sale of

natural leaf products under Minnesota standards, while prohibiting (1) drug-treatment claims, and (2) high-potency 7-OH and related semi-synthetics.

On the question of 7-OH scheduling, I urge Minnesota to treat concentrated or added 7-OH as a Schedule I substance (or otherwise prohibit it through controlled-substance mechanisms), because Schedule I is defined as having no currently accepted medical use and high abuse potential. FDA Commissioner Makary publicly supported state action classifying certain concentrated forms of 7-OH as Schedule I, and Minnesota should follow that lead while carefully carving out natural leaf and the naturally occurring trace levels of 7-OH in the natural plant so Minnesota does not unintentionally ban the botanical leaf category.

In summary, HF 3453's age-21 standard is a necessary step. But real consumer protection requires Minnesota to adopt a broader regulatory framework — one that cleanly distinguishes natural leaf products from a rapidly developing market of potent chemically manipulated opioid derivatives, and that provides enforceable limits on solvents and formulations, bans chemically manipulated and synthetic alkaloids (including 7-OH, mitragynine pseudoindoxyl, and MGM-15/16 compounds), mandates truthful labeling, and keeps these products out of the hands of our youth.

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