



On behalf of Holistic Alternative Recovery Trust (HART), I am writing to urge you to reject the Proposed Classification of 7-OH as a Schedule I Controlled Substance.

We at HART are tremendously concerned about proposals to ban kratom and its natural alkaloids, including mitragynine and 7-hydroxymitragynine. The basis for doing so is fundamentally flawed, resulting from widespread alarmism with no grounding in science or fact.

HART supports sensible regulation for all natural therapeutics derived from *mitragyna speciosa* or “kratom,” including mitragynine and 7-hydroxymitragynine (7-OH). This work should endeavor to balance the ideals of protecting children and the public while also protecting access for the thousands of Kansas consumers who rely on kratom and its alkaloids to manage pain and overcome addiction.

HART supports immediate steps to ensure child safety, with subsequent, thoughtful conversations about adult regulations following a transparent and due process.

Immediate first steps for Kratom in 2026 should include:

- Limiting sale of all Kratom products, including 7-OH, to 21+ locations;
- Requiring child-safe packaging; and
- Prohibiting packaging that appeals to children.

An immediate ban, by contrast, would cause immeasurable harm.

A Schedule 1 ban on 7-hydroxymitragynine *would* lead to the kind of harm (and even deaths) that the Board wants to prevent, criminalizing otherwise law-abiding citizens and hurting those in recovery who need empathy and help. Thousands of Kansans currently use kratom to manage pain or reduce dependence on far more dangerous opioids. Those consumers are not – and should not be considered – criminals.

History shows that when lower-risk, regulated alternatives are eliminated, demand does not disappear; it shifts to illicit markets dominated by fentanyl.

That displacement predictably increases overdose risk, emergency room visits, and long-term addiction, while also driving job loss, disability, and higher public assistance costs.

For example, there are no documented deaths attributed to 7-OH alone, yet banning it has pushed many consumers back toward substances that are responsible for tens of thousands of deaths each year. Following the emergency ban in Florida, overdose spikes tripled in the central part of the state, a tragic but predictable result that is likely to be repeated if other states move in this direction.

The result of a ban would not be improved public safety, but higher mortality, greater strain on emergency services, and avoidable human suffering borne by families and taxpayers.

7-OH, has been subjected in recent months to a vast and pervasive propaganda effort, with critics misguidedly decrying it as the “next opioid epidemic.” The facts tell a different story.



Since 2023, over one million Americans have consumed over 1.5 billion servings of 7-OH. Yet, the FDA's [public database](#) shows only 67 adverse event reports linked to 7-OH – hundreds fewer than soap. That's 67 adverse events – many of which involve side effects as minor as nausea and dizziness – out of 1.5 billion servings consumed. While eight deaths are reported, a detailed analysis reveals that two were suicides, nearly all involved concurrent use with other substances and, in two instances, occurred before 7-OH products were even available on the market.

7-OH's low mortality is explained by its pharmacology. 7-OH is a G protein-based partial agonist at the mu-opioid receptor. Although 7-OH binds with high affinity, it only partially activates the receptor – exhibiting low intrinsic efficacy similar to buprenorphine ([Kruegel, 2016](#); [Obeng, 2021](#); [Todd, 2020](#); [Varadi, 2016](#); & [WHO, 2021](#)). Claims that 7-OH is more potent than morphine conflate high potency with intrinsic efficacy. While 7-OH demonstrates higher potency in some assays, its partial agonism results in a ceiling effect on opioid-like outcomes and significantly reduces β -arrestin-2 recruitment – a signaling pathway associated with respiratory depression and other adverse effects of conventional opioids ([Samways, 2024](#); [Todd, 2020](#)).

Accordingly, [leading researchers](#) from Johns Hopkins, Harvard and UCLA stress that 7-OH should not be considered a public health crisis and that available data show no evidence of overdose deaths, respiratory depression, or widespread dependence. No [oral lethal dose](#) (LD50) has been found in mice, in contrast to the known lethality of opioids – and even substances like Tylenol.

HART urges you to reject prohibition and instead embrace a responsible regulatory framework for mitragynine and 7-OH, including: dosage limits, age restrictions for purchase, age-gating in stores, required compliance with Current Good Manufacturing Practices, third-party testing, labeling requirements, and truth in marketing.

Such requirements would constitute an evidence-driven path forward, focused on health – not fear, politics or profit.

Sincerely,

Jeff Smith, PhD

National Policy Director

Holistic Alternative Recovery Trust