



# AMERICAN KRATOM ASSOCIATION

## POLICY BRIEF

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### Why States Should Adopt a Kratom Consumer Protection Act (KCPA) Protecting Consumers Through Regulation — Not Prohibition

Kratom (*Mitragyna speciosa*) is used by millions of Americans for energy, focus, pain relief, or to ease withdrawal symptoms. Without regulation, however, untested or synthetically altered kratom products pose serious risks to public health. Rather than banning kratom and driving consumers toward unsafe, underground markets, a Kratom Consumer Protection Act (KCPA) establishes a balanced, science-based framework that ensures safety, transparency, and accountability while preserving access for responsible adult consumers.

Regulations work because they replace a chaotic, unmonitored market with clear safety standards and enforceable requirements. When vendors must comply with testing, labeling, and licensing laws, unsafe products disappear from legitimate commerce, consumers gain access to verified information, and enforcement becomes more targeted and effective.

#### What the KCPA Does: A Strong Regulatory Framework

A well-designed KCPA ensures consumer protection without prohibiting natural kratom. Key provisions include:

- **Ban on adulteration:** No controlled substances or non-kratom synthetic opioids may be added.
- **Prohibition of synthetic 7-OH:** Products with concentrated or synthetic 7-hydroxymitragynine are banned.
- **Testing & COAs:** Independent laboratories must issue Certificates of Analysis verifying alkaloid content (including total mitragynine / 7-OH) and confirming the absence of contaminants such as heavy metals, pathogens, and adulterants.
- **Labeling:** Clear, accurate labeling with manufacturer identity, ingredients, serving size, number of servings, and health warnings.
- **Age restrictions:** Typically 18+ or 21+, plus controlled placement (e.g., behind the counter).

- **Licensing / registration:** Processors and retailers must be licensed or registered for traceability and accountability.

## **States Leading with KCPA Protections**

As of January 2026, 19 U.S. states have adopted KCPA-style protections for kratom, establishing safety standards and enforcement mechanisms that protect both consumers and legitimate businesses. These states are:

(1) Utah; (2) Georgia; (3) Arizona; (4) Nevada; (5) Oregon; (6) Colorado; (7) Oklahoma; (8) Nebraska; (9) Texas; (10) Kentucky ; (11) West Virginia; (12) Virginia ; (13) Maryland ; (14) South Carolina ; (15) Florida ; (16) Mississippi; (17) Rhode Island; (18) New York ; (19) South Dakota.

Adopting a Kratom Consumer Protection Act is the most effective and balanced way for states to protect their citizens. The KCPA replaces unregulated risk with enforceable safeguards—restricting synthetic and adulterated products, mandating testing and transparency, and ensuring responsible access.

# 7-OH IS NOT KRATOM

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The 7-OH industry duped consumers in 2023 when they first introduced their chemically manipulated opioid products by deceptively marketing them as kratom. Now they are trying to dupe legislators into thinking 7-OH and natural kratom leaf products are exactly the same.

## THEY ARE NOT!

7-OH products have been recommended for classification as a Schedule I controlled substance – Natural Kratom Leaf products have not.

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### FDA Commissioner Makary:



“To be clear, the kratom plant leaf, which contains trace amounts of 7-OH and has been consumed for centuries, is not our focus at the FDA.” (<https://nypost.com/2025/07/29/opinion/beware-synthetic-kratom-7-oh-powers-a-new-opioid-crisis/>)

“Vape stores are popping up in every neighborhood in America, and many are selling addictive products like concentrated 7-OH. After the last wave of the opioid epidemic, we cannot get caught flat-footed again,” **said FDA Commissioner Marty Makary, M.D., M.P.H.** “7-OH is an opioid that can be more potent than morphine. We need regulation and public education to prevent another wave of the opioid epidemic.” (<https://www.fda.gov/news-events/press-announcements/fda-takes-steps-restrict-7-oh-opioid-products-threatening-american-consumers>)

It’s concentrated 7-OH, a synthetic byproduct of the kratom plant that binds strongly to the body’s opioid receptors — making it up to 13 times more potent than morphine. This addictive compound is ubiquitous, it’s being pushed deceptively to consumers, and its use is quietly growing. In previous waves of the opioid crisis — prescription opioids, heroin and fentanyl — the Food and Drug Administration realized too late that a public health crisis was raging, and got caught flat-footed. (<https://nypost.com/2025/07/29/opinion/beware-synthetic-kratom-7-oh-powers-a-new-opioid-crisis/>)

### HHS Secretary Kennedy:



“Today, we’re taking action on 7-OH as a critical step in the fight against opioid addiction,” **said HHS Secretary Robert F. Kennedy, Jr.** “We will protect the health of our nation’s youth as we advance our mission to Make America Healthy Again.” (<https://www.fda.gov/news-events/press-announcements/fda-takes-steps-restrict-7-oh-opioid-products-threatening-american-consumers>)



# FACT SHEET



## Natural Kratom Leaf vs. Synthetic 7-Hydroxymitragynine (7-OH)

*Why Science and Policy Treat Them Differently – 7-OH Products are NOT Kratom*

Category	Natural Kratom Leaf Products	Synthetic / Chemically Manipulated 7-OH Products
<b>Source</b>	Derived directly from the leaves of <i>Mitragyna speciosa</i> , a Southeast Asian plant with centuries of traditional safe use	Created through chemical manipulation of mitragynine or synthesized entirely outside the plant
<b>Primary Alkaloid</b>	<b>Mitragynine</b> (dominant alkaloid) – naturally occurring with only trace amounts of 7-OH present	<b>7-Hydroxymitragynine (7-OH)</b> artificially concentrated or isolated
<b>Presence of 7-OH</b>	Only <b>trace amounts</b> occur naturally through post-harvest oxidation	<b>High concentrations</b> deliberately engineered with powerful chemical catalysts (often hundreds of times natural levels)
<b>FDA &amp; HHS Focus</b>	The FDA has stated natural kratom leaf products are not the target of federal enforcement actions	Explicitly identified by FDA and HHS as a significant <b>public-health concern</b>
<b>Statements by Federal Officials</b>	FDA Commissioner Makary: all kratom contains only trace 7-OH naturally; this is <b>not the concern</b>	FDA & HHS: synthetic 7-OH represents the <b>next wave of opioid risk</b>
<b>Pharmacology</b>	Mixed mild adrenergic, serotonergic, and partial opioid activity; dose-dependent stimulant to sedative profile	High-potency mu-opioid receptor agonism mirroring and matching synthetic opioids
<b>Risk Profile</b>	No demonstrated respiratory depression at natural levels; very low overdose risk when unadulterated	Elevated risk of respiratory depression, euphoria spikes, and addiction liability
<b>Product Forms</b>	Leaf, powder, capsules, beverages, extracts using FDA approved food-grade solvents, made from whole-plant material	Gummies, tablets, sublinguals, chewable tablets, vapes, shots chemically engineered for rapid absorption
<b>Traditional History of Use</b>	Yes — centuries of documented use in Southeast Asia – including hundreds of peer-reviewed published articles	No peer-reviewed published articles on the safe use of 7-OH, and no evidence a data to support market introduction as required by federal law
<b>Regulatory Treatment (States)</b>	Regulated under <b>Kratom Consumer Protection Acts (KCPA)</b> in 19 states	Increasingly banned or scheduled as synthetic opioid-like substances – currently recommended for scheduling at the federal level
<b>Appropriate Policy Approach</b>	Consumer protection standards: labeling, purity testing, age limits	Scheduling, bans, and enforcement against synthetic opioids

# KEY POLICY TAKEAWAYS

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Natural kratom is not synthetic 7-OH — scientifically, pharmacologically, or legally.

Federal officials have drawn a bright line:

***Natural kratom leaf products are not the problem. Synthetic 7-OH is.***

States that have fully evaluated the science reject scheduling kratom and instead adopt KCPA regulation.

Scheduling mitragynine would contradict prior scientific findings, ignore legislative trends, and conflate safe plant-based products with dangerous synthetic substitutes.



# AMERICAN KRATOM ASSOCIATION

## POLICY BRIEF

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### **The Reliability of Internet Search Engines and Social-Media Platforms as Sources of Information on Kratom**

#### **Purpose of This Statement**

Doing a typical internet search for kratom will not provide a reliable, neutral, or evidence-based source of information on kratom, and that is why legislative bodies should exercise caution when relying on search results or platform visibility as indicators of scientific consensus or public-health risk.

#### **Algorithmic Decision-Making -- Not Expert Review**

Major technology companies, including Google and Meta rely on automated artificial-intelligence systems to classify, rank, restrict, or remove content related to drugs and supplements.

These determinations are:

- Made by automated algorithms, not by medical professionals or toxicologists
- Based on risk-avoidance and advertising policy, not evolving scientific evidence
- Applied without transparency, notice, or meaningful appeal

As a result, platform treatment of kratom content reflects corporate liability heuristics, not public-health analysis.

#### **Systematic Suppression of Pro-Kratom and Neutral Information**

In practice, platform moderation policies operate under a binary framing:

- Content portraying kratom as dangerous, deadly, or addictive is classified as anti-drug content and allowed to circulate freely.
- Content discussing kratom's lawful status, safety profile, harm-reduction potential, or regulatory alternatives is frequently classified as promotion of dangerous drugs and suppressed.

This results in a structural information bias that distorts public understanding.

#### **Documented Examples of Platform Takedowns and Suppression**

The following are specific, documented examples illustrating this pattern:

### 1. Facebook Page Removals and Restrictions

Pages operated by national kratom consumer advocacy organizations — including pages dedicated solely to education, legislative updates, and scientific research — have been:

- Removed without warning
- Subjected to indefinite “restricted distribution”
- Prohibited from posting links to peer-reviewed studies or federal research

In multiple instances, Meta cited violations for “promoting the sale of dangerous drugs,” even when posts contained no sales activity, pricing, or commercial links.

### 2. Advertising and Visibility Bans on Google Platforms

Google has prohibited:

- Paid search ads for kratom education websites
- Search result enhancements (knowledge panels, featured snippets) for neutral or supportive kratom content

Meanwhile, links to alarmist or outdated warnings remain prominently indexed, creating a false appearance of scientific consensus.

### 3. Removal of Educational Discussion Groups and Forums

Online discussion groups and chat forums that allowed users to discuss are now removed:

- Personal experiences with kratom for pain or opioid avoidance
- Regulatory developments in states with Kratom Consumer Protection Acts have been removed or hidden, even when moderators prohibited sales, sourcing, or dosing advice.

### 4. Unequal Treatment of Opposing Speech

Posts calling for bans on kratom or asserting without evidence that kratom is a “deadly opioid,” remain active and unrestricted. Platforms classify such posts as public-health advocacy, even when they contain factual inaccuracies.

Worse, chemically formulated 7-OH products that HHS and the FDA have recommended to be classified as Schedule I substances are widely advertised on these social media platforms.

## **AI Classification Errors and False Equivalence**

Automated systems routinely fail to distinguish between:

- Natural kratom leaf products
- Synthetic or chemically manipulated substances such as 7-hydroxymitragynine (7-OH)
- Illicit opioids or narcotics

As a result, kratom is often evaluated under drug-enforcement or opioid heuristics, rather than botanical or dietary-supplement frameworks — despite clear scientific and regulatory distinctions.

## **Consequences for Policymaking**

Because suppressed content is effectively invisible:

- Legislators encounter search results skewed toward negative narratives
- The public sees an illusion of unanimity unsupported by the scientific record
- Evidence-based regulatory alternatives are obscured

Internet search results are therefore not neutral indicators of risk, public opinion, or scientific consensus.

## **Conclusion**

Internet search engines and social-media platforms do not provide a reliable or balanced source of information on kratom. Their outputs are shaped by automated moderation systems, liability concerns, and opaque internal policies, not by peer-reviewed science or expert medical judgment.

Legislative bodies should rely on:

- Federal research records
- Peer-reviewed scientific literature
- Testimony from qualified experts

Reliance on algorithmically curated search results — when evaluating kratom policy — will deliver inaccurate, biased, and grossly distorted information.



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### **A Legislator's Guide to Natural Leaf Kratom (mitragynine) Versus 7-Hydroxymitragynine (7-OH)**

#### **Background**

Kratom (*Mitragyna speciosa*) is a tropical tree native to Southeast Asia, particularly Indonesia, Thailand, and Malaysia. For centuries, its leaves have been used by laborers in fields in Southeast Asia for an energy boost and for minor pain relief. In the United States, kratom is widely used as (1) a replacement for a cup of coffee for an energy boost and increased focus; (2) a natural alternative to manage common aches and pain, anxiety, and; (3) to support individuals suffering from acute and chronic pain, and for those in that category who are trapped in opioid addictions, kratom has been found to help those addicted to opioids to wean off those highly addictive and potentially deadly opioids.

7-OH is not present in the natural kratom plant. It is a metabolite that occurs during the drying of the leaves after they are harvested from the kratom trees. That oxidization during drying produces only trace amounts of 7-OH during this process and at those levels pose no safety risk to consumers.

#### **The Difference Between Natural Leaf Kratom and Chemically Manipulated 7-OH Products**

Natural leaf kratom products, whether pure leaf or properly manufactured extracts using naturally limiting food grade solvents, have as their main component the kratom plant alkaloid known as mitragynine.

7-OH products are deliberately manipulated to chemically flip the content of a product to be majority 7-OH and that product content is described by FDA Commissioner Makary as follows: "7-OH is an opioid that can be more potent than morphine. We need regulation and public education to prevent another wave of the opioid epidemic".<sup>1</sup> There are only trace amounts of mitragynine, if any, in these 7-OH products.

#### **Chemically Manipulated 7-OH Has Been Recommended to be Classified as a Schedule 1 Compound by HHS and the FDA**

While natural leaf products have a well-documented safety profile for consumer use with only trace amounts of 7-OH, chemically manipulated 7-OH products have been determined by HHS and FDA to pose an imminent threat to the safety of consumers. On July 29, 2025, the scheduling recommendation was transmitted to the Drug Enforcement Administration (DEA).

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<sup>1</sup> <https://www.fda.gov/news-events/press-announcements/fda-takes-steps-restrict-7-oh-opioid-products-threatening-american-consumers>

### **Is Natural Leaf Kratom Safe?**

Yes -- when manufactured responsibly with accurate labeling and age restrictions on purchasing.

Key evidence includes:

- National Institute on Drug Abuse (NIDA) has funded over \$100 million in research that confirms kratom has a lower risk profile than opioids and has potential as a harm-reduction tool.
- The FDA has acknowledged that kratom-related deaths are rare and typically involve adulterated or polydrug use.
- Former HHS Assistant Secretary Brett Giroir, in 2018, rejected the FDA's request to ban natural leaf kratom as a Schedule I substance, citing "embarrassingly poor evidence" and "failure to consider overall public health."
- Millions of Americans use kratom daily with no serious adverse effects, and 18 states have passed Kratom Consumer Protection Acts to ensure responsible regulations assure product safety through product formulation standards, proper labeling and age restrictions for purchase.

### **Conclusion**

Kratom is a natural botanical that, when regulated for purity and serving sizes, is a safe and effective product used by millions of Americans. The American Kratom Association advocates for regulations on kratom products and 18 states have enacted Kratom Consumer Protection Act legislation.

Chemically manipulated 7-OH products did not meet the federal requirements for market entry in 2023 when they were first introduced. The emerging threat to consumers of chemically manipulated 7-OH compounds compels states to act to remove these products from the marketplace today.



FEBRUARY 2024

## FDA completes a kratom "dose finding study" on humans where no significant adverse events were observed even at very high doses.



The FDA acknowledged at a scientific meeting the data showed no significant safety concerns in the ascending dose study on kratom use and that clears the way for the planned Human Abuse Potential study.

The FDA announced on January 16, 2024, it will accept proposals to conduct a Human Abuse Potential ("HAP") study to assess the potential severity of a kratom dependency or addiction liability. The HAP study is authorized only because the dose finding study showed kratom can be safely ingested.

An FDA scientist reported on some of the results of the dose finding study at the Third Annual Kratom Symposium on February 14-15, 2024. Researchers report that some of the policy staff at the FDA were "profoundly disappointed" at the lack of adverse events that occurred among human participants in the dose finding study, where the ascending doses got to 12 grams of kratom material before just 2 of the participants experienced some nausea. That level of kratom consumption is extraordinarily high among current kratom consumers.

It is reported that the scientists at FDA accepted the safety data for its evidentiary value and are now preparing to make a public presentation on the results of the dose finding study at a scientific conference in the fall of 2024.

That dose finding study data cleared the way for the HAP study to be advertised and that is expected to be completed within 2 years. It is important to note that the dose finding study had to demonstrate kratom can be safely consumed before the HAP study could ethically be advertised.

Kratom researchers are excited that the next level of studies on the safety and addiction liability of kratom extract products, and safe consumption levels can be identified, and the limits on kratom plant constituents in a kratom product before it is deemed to be adulterated. Those needed dose finding and HAP studies for kratom extract products will take several years after the current HAP study is completed.

1. <https://grainy.go/search-results/detail/351644>

2. <https://pharmacy.all.edu/third-annual-kratom-symposium/>

3. <https://www.fda.gov/files/drug/published/BoS-16-01-Drug-Development-IR-16-Guidance-for-Industry.pdf>







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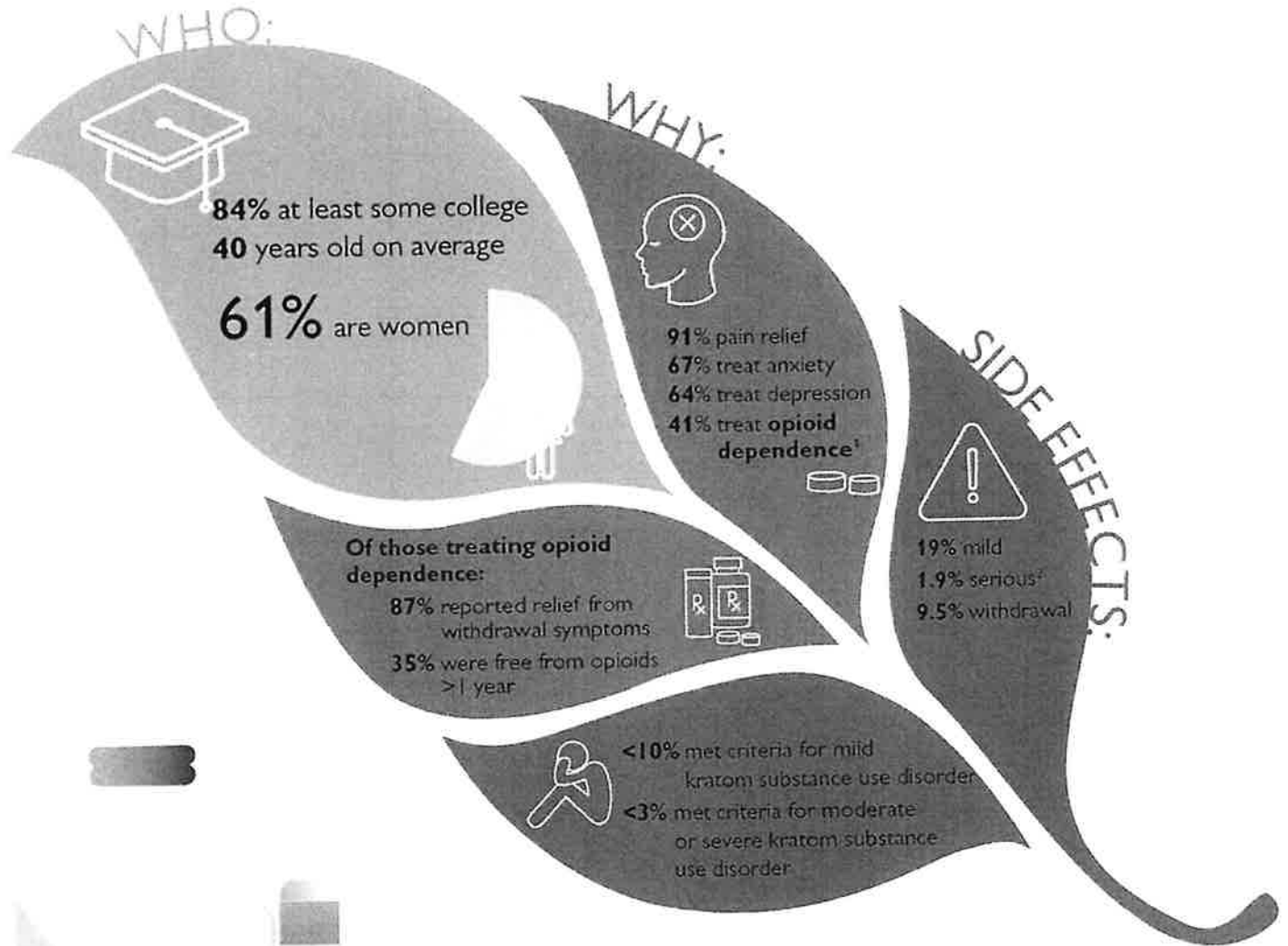
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# Survey of Adult Kratom Users in the U.S.

## Provides Insight Into Potential for Harm or Abuse

### 2,798 kratom users



1. many people reported multiple reasons for use
2. including symptoms like anxiety, irritability, depression and insomnia



