

United States Senate
WASHINGTON, DC 20510

March 18, 2026

The Honorable Martin A. Makary, M.D., M.P.H.
Commissioner of Food and Drugs
U.S. Food and Drug Administration
10903 New Hampshire Ave.
Silver Spring, MD 20993

Commissioner Makary:

We appreciate the Food and Drug Administration's (FDA) targeting 7-hydroxymitragynine (7-OH), a concentrated byproduct of the kratom plant. As you know, 7-OH is an opioid that can be more potent than morphine. We are particularly concerned with the products that appeal to teenagers and children. Kratom-derived concentrates in forms like tablets, gummies, and drink mixes are available online and in gas stations. This makes them easily accessible and attractive to young Americans.

Recommending scheduling action of 7-OH under the Controlled Substances Act (CSA) is an important first step. However, we encourage you to consider scheduling the whole kratom leaf, given that some of the most accessible and addictive products contain whole kratom leaf, not 7-OH.

So-called "herbal supplements" are sold at many gas stations and retailers across the country. Their ingredients include kava extract, which the company says promotes relaxation and lifts mood. They also include kratom leaf, which is said to enhance energy and focus. The supplement only contains trace amounts of 7-OH, so it would not be regulated under the CSA if 7-OH is scheduled.¹

To be clear, the kratom leaf acts on mu-opioid receptors, similar to opioids.² Frequent use leads to tolerance, dependence and withdrawal symptoms that resemble those from morphine or heroin. Reported side effects of kratom include nausea, vomiting, constipation, tremors, seizures, hallucinations, elevated blood pressure and liver damage.³

Young people across the country have reported growing addicted to kratom supplements, consuming up to a dozen products a day and going through severe withdrawal symptoms after

¹ <https://www.reuters.com/press-releases/botanic-tonics-feel-free-applauds-florida-ban-synthetic-7-oh-2025-08-13/>

² Smith, K. E., Grundmann, O., Swogger, M. T., & Garcia-Romeu, A. (2023). Kratom (*Mitragyna speciosa*): Pharmacology and use of a naturally occurring atypical opioid. In *The Oxford Handbook of Opioids and Opioid Use Disorder* (pp. 386-418). Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780197618431.013.15>

³ <https://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/in-depth/kratom/art-20402171>

ceasing use.⁴ Some cities, counties and states have responded by banning kratom or raising the minimum purchase age to 18 or 21. But in many areas, enforcement remains inconsistent, and some addiction specialists say clearer federal guidance is needed.


Singling out 7-OH to schedule would leave these addictive products on the shelf and tacitly declare them safe for consumption. There will be no standardized control over product quality, concentration, or labeling, allowing inconsistent and potentially dangerous products to stay on the market.

We remain committed to protecting America's youth from dangerous and addictive substances and look forward to working with you to address the full scope of the rising danger of the kratom plant through the CSA.


Sincerely,


Pete Ricketts
United States Senator


Richard Blumenthal
United States Senator



Jeanne Shaheen
United States Senator


Mike Crapo
United States Senator


Marsha Blackburn
United States Senator


Steve Daines
United States Senator


James C. Justice
United States Senator


Alex Padilla
United States Senator

⁴ <https://www.cnn.com/2025/08/26/health/feel-free-drink-kratom-kava-addictive-wellness>

Katie Boyd Britt

Katie Boyd Britt
United States Senator

Ted Budd

Ted Budd
United States Senator

John Boozman

John Boozman
United States Senator

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President – Chief Steve J England, Hailey Police Department
Vice President – Chief Anthony Dahlinger, Moscow Police Department

Chair VanOrden and Members of the Committee:

On behalf of the Idaho Chiefs of Police Association, we stand in strong opposition to S1418.

Utah enacted similar legislation and attempted to repeal it due to the significant unintended consequences it has had on their communities. We should learn from their experience rather than repeat their mistakes.

Across the country, many states are moving toward stricter regulation or outright bans on kratom because of its addictive properties and its documented role in fatal overdoses, particularly among vulnerable populations. In Idaho alone, natural kratom has been associated with multiple overdose deaths. It has also been identified in numerous traffic collisions and is frequently encountered alongside other illicit substances during drug investigations.

From a law enforcement perspective, distinguishing between “natural” and “synthetic” kratom does not resolve the underlying public safety concern. Both forms are contributing to substance misuse in our communities. Creating a regulatory framework that implicitly legitimizes one form risks sending a message that kratom is safe or state-endorsed, when officers on the ground continue to see harm associated with its use.

Claims that kratom provides meaningful community benefit are largely rooted in misinformation and is anecdotal, rather than scientific evidence. This substance is commonly sold in gas stations and vape shops with little oversight or medical supervision. Advancing legislation that formalizes its availability would normalize access to a psychoactive substance that law enforcement is already encountering in overdose cases, impaired driving incidents, and polysubstance investigations.

Rather than expanding access, we believe the more responsible path forward is to pursue scheduling kratom as a Schedule I controlled substance, consistent with actions being considered or taken in other states.

In Idaho, new laws should strengthen public safety and enhance our quality of life - not erode it. This bill offers no clear public safety benefit to our communities and risks undermining the drug-free standards that have contributed to our state’s success. For these reasons, we respectfully urge you to **oppose** S1418.

Respectfully,

Steve J England, Hailey Police Chief
ICOPA President

SENATOR
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UTAH STATE SENATE

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March 17, 2026

Dear Committee Members,

I am writing to share Utah's experience with kratom policy and to offer perspective as you consider similar legislation in Idaho.

Since the Utah Legislature passed the Kratom Consumer Protection Act in 2019, we have seen a concerning rise in kratom-related deaths. In the past five years, nearly 200 deaths in Utah have involved kratom, representing a 43% increase over time. Notably, 9% of those cases involved kratom alone, with no other substances detected. State agencies have also publicly stated that the kratom industry is almost impossible to regulate.

In both the lead-up to and following the 2019 legislation, the kratom industry repeatedly minimized and misrepresented the risks associated with its products to policymakers and the public. Kratom is often marketed as a "natural" and safe alternative, which can be misleading. In reality, we have seen it become increasingly accessible to minors, and evidence from Utah and other states show that kratom can be addictive and life-threatening. The gap between how these products are marketed and their real-world impacts is significant and should be carefully considered.

During the 2026 General Session, I sponsored [SB 45 Kratom Adjustments](#), to address these concerns. This legislation was supported by the Utah Medical Association, the Utah Department of Health and Human Services, the Utah Department of Agriculture, the Utah Poison Control, and the Statewide Association of Prosecutors. The bill limits legal sales to pure leaf kratom only, restricts sales to tobacco specialty stores, raises the minimum age to 21, and prohibits the manufacture of extracted or adulterated kratom products in Utah after March 7, 2027.

As Idaho evaluates its own policies, I would strongly encourage caution when engaging with representatives of the kratom industry. Utah's experience shows that industry stakeholders may not provide a complete or accurate picture of the risks, particularly when those risks could affect their business model. It is also important to be aware of potential regional impacts. We have already seen indications that some kratom

companies may consider relocating operations to states with fewer restrictions, including Idaho.

I would respectfully encourage you to rely on medical experts and public health professionals as you consider this issue. Utah's experience suggests that the risks associated with kratom are real and growing, and that thoughtful policy is necessary to protect public health, particularly for minors.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mike McKell". The signature is written in a cursive style with a large initial "M".

Mike McKell
Majority Assistant Whip
Utah State Senate

Dear Idaho Legislators,

I am a double-board certified Psychiatrist, born and raised in Idaho, currently working in Idaho Falls, ID where I have practiced for the last 11 years. I am well acquainted with Kratom, having worked in hospitals, residential treatment centers, the VA, detox units, and my outpatient clinic. I have patients addicted to it now, and I have seen how it affects its users over years. It is my assessment, based on published research and personal clinical experience that:

Kratom, both synthetic and naturally occurring, fits the criteria of a Schedule 1 Drug, and should be legally classified as such.

Kratom is an opiate. It stimulates the mu-opioid receptor similar to heroin, fentanyl, morphine, methadone, oxycodone, hydrocodone, and buprenorphine. Some of those opiates have well researched medicinal use. One is schedule 3, most are schedule 2, and heroin is schedule 1.

The arguments I have heard in favor of Kratom would apply equally to Heroin.

1. Kratom is natural.
Yes, just like Heroin. Kratom comes from a tropical evergreen tree. Heroin comes from the seed-pod of poppy plants. **A substance being natural has nothing to do with its drug schedule.**
2. Kratom has medicinal uses.
Yes, just like Heroin. They both decrease anxiety, decrease pain, and decrease use of other opiates. All Schedule 1 substances have "medicinal use" under this definition. People use drugs because they work. They feel good. Otherwise, no one would use them. Schedule 1 means they are not safe to use, even under medical supervision. **There is no well researched and accepted medical use of Kratom or Heroin.** The research supporting Kratom's use is based on user opinion, not objective research.
3. Kratom can be used to manage opiate withdrawal, and treat chronic pain.
Yes, just like Heroin. But there is no evidence kratom is safer than the opiates it is replacing, or that people actually stop using the other drug.

Kratom has been researched, but that research does not support leaving it unscheduled and unregulated. That research has not resulted in FDA approval at any level for the use of Kratom.

Kratom use results in agitation (18.6%), tachycardia (16.9%), drowsiness (13.6%), and vomiting (11.2%). Serious effects included **seizures (6.1%), withdrawal (6.1%), hallucinations (4.8%), respiratory depression (2.8%), coma (2.3%), and cardiac or respiratory arrest (0.6%).**¹

Thank you for your attention to this matter.



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