SB820 Written Testimony-Talking Points (2).pdf
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Position: FAV

ANTONIO HAYES
Annapolis, Maryland 21401
Legislative District 40

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony for Senator Hayes in Support of Senate Bill 820 — Alcohol, Tobacco, and Cannabis Commission – Unauthorized Consumable Products – Enforcement and Seizure

March 5, 2026

Dear Madam Chair, and Fellow Members of the Senate Finance Committee,

Senate Bill 820 strengthens Maryland's ability to protect public health and consumer safety by addressing the growing presence of unauthorized consumable products in retail environments. These products, which may include unapproved or improperly marketed substances such as certain kratom, tianeptine, or phenibut products, present significant risks due to inconsistent labeling, unknown potency, and potential contamination.

This legislation provides clear authority for the Field Enforcement Division of the Alcohol, Tobacco, and Cannabis Commission to take action when retailers distribute, sell, or advertise unauthorized consumable products. The bill establishes a comprehensive enforcement framework that allows regulators to issue citations, seize contraband products, and ensure compliance with Maryland health and safety standards.

SB 820 also prohibits retailers from offering for sale consumable products that have not been approved for human consumption or that are marketed in ways that violate state health protections. By authorizing seizure and forfeiture of unauthorized products and establishing meaningful penalties for violations, the bill creates accountability across the supply chain while supporting legitimate businesses that comply with the law.

Importantly, the legislation enhances coordination between the Maryland Department of Health and the Alcohol, Tobacco, and Cannabis Commission to ensure timely regulatory oversight as product standards evolve. This proactive approach strengthens consumer protections while preserving fairness and clarity for retailers operating within Maryland's regulatory framework.

SB 820 represents a balanced and necessary step to safeguard Maryland residents from potentially harmful consumable products, reinforce responsible retail practices, and provide law enforcement with the tools needed to respond effectively to emerging public health concerns.

I urge a favorable report on Senate Bill 820.

Respectfully,

Senator Antonio L. Hayes

40th Legislative District — MD

AA County Health Department_FAV_SB820.pdf
Uploaded by: Dr. Tonii Gedin
Position: FAV

ANNE ARUNDEL COUNTY
MARYLAND
DEPARTMENT OF HEALTH

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Tonii Gedin, RN, DNP
Health Officer

SENATE BILL 820

Alcohol, Tobacco, and Cannabis Commission - Unauthorized Consumable Products - Enforcement and Seizure

TESTIMONY BEFORE THE SENATE FINANCE COMMITTEE

Dr. Tonii Gedin, Health Officer

For Anne Arundel Department of Health

The Anne Arundel County Department of Health **supports SB 820**. The Bill would prohibit distributing, selling and advertising unauthorized consumable products including: tianeptine, kratom, phenibut, or poisonous or deleterious substances, and tightens restrictions on advertising.

Products containing tianeptine, kratom, and phenibut are easily available and are often promoted as safe, accessible alternatives to costly prescription drugs for many conditions, including weight loss, insomnia, anxiety, depression, and even to help address other substance use. They can also appeal to those with a perception that "Big Pharma" is intentionally restricting access to affordable health solutions. All three substances target opioid receptors and can create a high tolerance and severe withdrawal symptoms. The potency in products containing these substances is often unknown, leading to increased risk of more severe side effects.

Kratom is a stimulant, with known side effects that range from nausea and vomiting and dizziness to liver damage, high blood pressure, confusion, trouble breathing, and even death.[1] The U.S. Drug Enforcement Administration designated kratom as a drug and chemical of concern.[2] Consumers use it to self-treat for weight loss, depression, opioid use disorder and opioid withdrawal. High doses of Kratom lead to the same respiratory depression and sedation seen in traditional opioid overdoses.

Phenibut, a central nervous system depressant, has been used as a supplement for stress relief, anxiety, alcoholism and insomnia. Phenibut has been shown to cause lethargy, confusion, delirium, and even seizures and death[3], and withdrawal symptoms of hallucinations, psychosis, and tachycardia.[4]

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[1] Mayo Clinic Staff (2004). *Kratom: Unsafe and Ineffective*. Mayo Clinic. www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/in-depth/kratom/art-20402171. Accessed 27 Feb. 2026.
[2] United States Drug Enforcement Administration (2024). *Kratom*. www.dea.gov/factsheets/kratom. Accessed 27 Feb. 2026.
[3] Geoffrio, L. (2024 August 23). *Phenibut Addiction, Side Effects, Withdrawal, and Treatment.* American Addiction Centers. americanaddictioncenters.org/phenibut. Accessed 27 Feb. 2026.
[4] Maryland Poison Control (2017 August). *Phenibut-Wonder Drug or Unsafe Supplement?*.https://www.mdpoison.com/media/SOP/mdpoisoncom/ToxTidbits/2017/August%202017%20ToxTidbits.pdf Accessed 27 Feb. 2026.

Tianeptine, an antidepressant drug sometimes called “Gas Station Heroin” due to its opioid-like effects, has been marketed as improving brain function and treating anxiety, pain, opioid use disorder and other conditions. The U.S Food & Drug Administration has warned consumers about tianeptine,[5] and the Maryland Poison Control Center notes that it is frequently co-exposed with phenibut and alcohol. Tianeptine is prescribed in some countries in Europe, Asia and Latin America for depression and anxiety, leading to the perception of safety and valid use. It is not approved for use in US, Canada or Australia. Therapeutic doses are 25-50 mg whereas recreational/unregulated dosage is more typically 50mg to 4000 mg and is associated with opioid like toxicity.[6] Tolerance develops quickly and withdrawal includes nausea, vomiting, and psychosis.[7].

These “gray market” products are not regulated by state or federal agencies and may contain adulterants and high concentrations of the psychoactive substances. Maryland residents have already died from these substances. It is urgent that we protect residents from the impact of these unregulated and dangerous drugs. For all of these reasons, I respectfully request a **FAVORABLE** report on Senate Bill 820.

[5] United States Food & Drug Administration (2024 February 5). *Tianeptine in Dietary Supplements*. FDA Nutrition, Center for Food Safety and Applied. www.fda.gov/food/information-select-dietary-supplement-ingredients-and-other-substances/tianeptine-dietary-supplements. Accessed 27 Feb. 2026.

[6] Counts, C. J. (2024 February 1) Notes from the Field: Cluster of Severe Illness from Neptune’s Fix Tianeptine Linked to Synthetic Cannabinoids — New Jersey, June–November 2023. *MMWR: Morbidity and Mortality Weekly Report***73(No 4), 89-90. www.cdc.gov/mmwr/volumes/73/wr/mm7304a5.htm.

[7] Koppen, L. (2024 June). *What Is Tianeptine, and Are There Recommendations for Managing Tianeptine Misuse/Withdrawal in the Medical Setting?*. University of Illinois Chicago. dig.pharmacy.uic.edu/faqs/2024-2/june-2024-faqs/what-is-tianeptine-and-are-there-recommendations-for-managing-tianeptine-misuse-withdrawal-in-the-medical-setting/. Accessed 27 Feb. 2026.

Shatterproof Testimony SB 820_HB1523 (March2026)Fi
Uploaded by: Kevin Roy
Position: FAV

March 3, 2026

Senator Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Delegate Heather Bagnall, Chair
Delegate Bonnie Cullison, Vice Chair
House Health Committee
241 Taylor House Office Building
Annapolis, Maryland 21401

RE: Support for SB 820 and HB 1523

Dear Chair Beidle and Vice Chair Hayes and Chair Bagnall and Vice Chair Cullison:

I am providing testimony on behalf of Shatterproof, a national nonprofit organization dedicated to building a world where addiction never defines or ends a life.

Shatterproof strongly supports Senate Bill 820 and House Bill 1523, which would define unauthorized consumable products in Maryland statute to include kratom, 7-hydroxymitragynine (7-OH), tianeptine, phenibut, and related substances. These bills would prohibit their sale and marketing while empowering authorities with clear enforcement tools, including seizure and sanction provisions.

Youth Access and Consumer Deception
These unregulated products are readily available in youth-accessible venues such as convenience stores, gas stations, vape shops, smoke shops, and online retailers. Kratom products are often flavored, highly concentrated, and packaged to resemble energy drinks or dietary supplements. Marketing frequently implies legality, safety, or therapeutic benefits—despite lacking FDA approval. This pattern echoes past public health crises involving synthetic cannabinoids and other novel psychoactive substances, where delayed regulation led to widespread youth exposure.

Beyond immediate short-term risks, research links youth kratom use to long-lasting cognitive and behavioral deficits.[i] Synthetic variants like 7-OH (7-hydroxymitragynine) are especially concerning. Scientific analyses show that 7-OH acts on the same opioid receptors as morphine and other opioids, producing similar effects: pain relief, euphoria, sedation, dependence, and withdrawal. Laboratory studies indicate 7-OH is up to 13 times more potent than morphine on a per-molecule basis. While present in trace amounts in natural kratom leaf, today's market features concentrated or synthetic 7-OH at far higher levels—sold without prescriptions, standardized dosing, manufacturing oversight, or quality control. These conditions dramatically elevate risks of overdose and dependence.

Rising Harm and Public Health Impact
National data highlight escalating dangers:

- Poison control centers reported 1,690 kratom-related exposures in the first seven months of 2025—already surpassing all of 2024—with 35% of 7-OH cases involving severe outcomes.[ii]
- EMS encounters for kratom/7-OH overdoses exceeded 4,200 nationwide from 2023 through early 2025.[iii]

Clinicians and addiction treatment providers increasingly report dependence on high-potency kratom and 7-OH products. Withdrawal symptoms mirror opioid withdrawal: muscle aches, insomnia, nausea, anxiety, irritability, and intense cravings. Polysubstance use involving these compounds heightens overdose severity and medical risks.

FDA Warnings and Enforcement

The FDA has repeatedly warned that kratom and its alkaloids are not approved for any medical use and do not qualify as lawful dietary supplement ingredients. The agency has issued warning letters, import alerts, and public advisories citing risks of addiction, overdose, and death. In late 2025, the FDA executed a major enforcement action, seizing thousands of units of concentrated 7-OH products from firms—including those operating as American Shaman/Shaman Botanicals—valued at approximately $1 million.

State, National, and International Regulatory Trends
Growing recognition of these risks has prompted action:

- Kratom is classified as a controlled substance in numerous countries, including Malaysia (its natural origin).[iv]
- As of late 2025/early 2026, kratom is fully banned in at least seven states (Alabama, Arkansas, Indiana, Louisiana, Vermont, Wisconsin, and others with recent bans or emergency rules), while several impose heavy restrictions or limits on 7-OH concentrations. Additional states and cities (e.g., Denver, San Diego, Sarasota) have enacted local prohibitions. Many more regulate sales, age limits, labeling, or potency. Multiple states are actively considering stricter measures in 2026.

These trends reflect consensus that unregulated kratom and synthetic derivatives pose risks comparable to other controlled psychoactive substances.

Other Substances: Phenibut and Tianeptine
Kratom has garnered significant attention, but phenibut and tianeptine—also sold openly at gas stations, vape shops, and grocery stores—pose similar threats. The heartbreaking testimony from Jim and Cindy Alvey of Columbia, Maryland, details the devastating impact these products had on

their son, JT. As they powerfully stated, these substances—often called "gas station heroin"—offer no medical value, are highly addictive, and should be classified as Schedule I or II (as in Alabama and Utah) or banned outright.

We are grateful for the Alveys' courage in sharing their story—and deeply troubled that such circumstances were possible in Maryland.

Conclusion
Maryland must prioritize the health and safety of our children and communities. By adding these dangerous, unregulated substances to the unauthorized consumable products list and providing robust enforcement, we can prevent retailers from targeting vulnerable populations, reduce the normalization of substance use among youth, and protect families from unintended exposure.

Shatterproof urges the Committee to pass Senate Bill 820 and House Bill 1523. This critical policy change will help safeguard Marylanders from these emerging threats.

Thank you for your time and consideration. I welcome any questions.

Sincerely,

Kevin Roy

Kevin Roy
Chief Public Policy Officer
Shatterproof

CC: Delegate Ross

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[i] Farah Wahida Suhaimi, Aiman Nadhirah Zul Aznal, Nurul Aqmar Mohamad Nor Hazalin, Lay Kek Teh, Zurina Hassan, Mohd Zaki Salleh, Kratom (M. speciosa) exposure during adolescence caused long-lasting cognitive behavioural deficits associated with perturbated brain metabolism pathways in adult rats, Behavioural Brain Research, Volume 446, 2023, 114411, ISSN 0166-4328, https://doi.org/10.1016/j.bbr.2023.114411.

[ii] Health Advisory: Serious Illnesses Associated with 7-OH Use, *August 12, 2025, Shauna Devitt (Administrator) https://poisoncenters.org/news-alerts/13531044*

[iii] National Drug Early Warning System (NDEWS). (2025). Special Report (May 30, 2025). (NDEWS-2025-SR00028.5). Retrieved from 5.30.25_NDEWS-2025-kratom-related-overdoses

[iv] Ohio Board of Pharmacy, https://www.pharmacy.ohio.gov/documents/pubs/special/kratom/classification%20of%20mitragynine-related%20compounds%20as%20schedule%20i%20controlled%20substances%20-%20emergency%20rule.pdf

Kratom_documented risks and negative effects.pdf
Uploaded by: Sharon Baharoff
Position: FAV

Kratom: documented risks and negative effects

What it is / why it's risky

- Kratom (from *Mitragyna speciosa*) contains alkaloids (notably **mitragynine** and **7-hydroxymitragynine**) that can produce **opioid-like effects** (alongside stimulant-like effects), which is a big reason it can lead to dependence and dangerous toxicity. (National Institute on Drug Abuse)
- In the U.S., kratom products are **not FDA-approved** for any medical use, and the FDA warns against using them due to safety risks. (U.S. Food and Drug Administration)

Addiction / dependence

- **Dependence and addiction can occur.** People may develop **tolerance** (needing more for the same effect) and have **withdrawal** when stopping. (National Institute on Drug Abuse)
- Reported withdrawal symptoms can resemble (often milder-than-classic) opioid withdrawal and include symptoms like **irritability, anxiety, restlessness, insomnia, cravings, sweating, nausea/diarrhea, muscle aches**. (National Institute on Drug Abuse)

Potentially fatal outcomes

- **Deaths have been reported with kratom detected**, often involving **other substances** (especially opioids), which raises risk substantially; however, CDC documented a subset where **kratom was the only substance detected** (with the caveat that not every possible substance is always tested). (CDC)
- FDA also notes kratom use (frequently with other substances) has been associated with **serious adverse events including death**. (U.S. Food and Drug Administration)

Major adverse effects reported

- **Brain / nervous system:** sedation, dizziness, confusion, agitation; **seizures** have been reported in case literature (causality can be difficult to prove, but it's a recurring serious adverse event signal). (Mayo Clinic)
- **Breathing / overdose-type toxicity:** because of opioid-like activity, high-risk scenarios include profound sedation and **respiratory depression**, especially when combined with other sedatives/opioids. (U.S. Food and Drug Administration)
- **Cardiovascular: rapid heart rate, high blood pressure, palpitations/arrhythmias** have been reported. (Mayo Clinic)
- **Liver:** cases of **drug-induced liver injury** (sometimes with jaundice) have been reported. (Mayo Clinic)
- **GI:** nausea, vomiting, constipation. (Mayo Clinic)
- **Mental health:** worsening anxiety/irritability, mood changes; some users report using it for anxiety/depression, but adverse psychiatric effects are also reported. (Mayo Clinic)

Unregulated product hazards (a huge part of the danger)

- Potency can vary widely, and products may be **contaminated/adulterated**. The FDA has warned about contamination events and emphasizes these products are not lawfully marketed as supplements/foods. (U.S. Food and Drug Administration)

- Mixing kratom with **opioids, alcohol, benzodiazepines, sleep meds, or other sedatives** is a major red-flag risk for overdose-type outcomes. (CDC)

SB820 Kratom Testimony.pdf
Uploaded by: Sharon Baharoff
Position: FAV

Chairman Beidle, Senator Hayes, and Members of the Committee, thank you for the opportunity to speak. I am here in strong support of SB820.

My name is Sharon Baharoff. I am the mother of Robert Baharoff. At 12:22 p.m. on January 5th of this year our 23-year-old son was pronounced dead with no obvious cause. On February 10th, we learned why: mitragynine — also known as kratom, 7-oh, gas station heroin and many others.

There were no illegal substances in Robert's system. No heroin. No fentanyl. No cocaine. The substance that took his life was legally sold.

Kratom is marketed as a natural supplement that promotes energy, focus, and improved mood. Many believe that because it is natural, it is safe. It is not. Kratom acts on opioid receptors in the brain and carries significant risk for addiction and death. Consumers are unaware of the deleterious effects of kratom. Parents are not informed. Anyone can purchase it easily.

Warning labels are not enough and will only protect manufacturers from "wrongful death" lawsuits. Access is the problem. Availability is the problem. Legality is the problem.

It is difficult to find accurate statistics on kratom deaths because they are often combined with other opioid deaths. Federal agencies including the NIH, CDC, and FDA recognize kratom as harmful and potentially deadly.

Robert's life mattered. He was so much more than a statistic. If sharing Robert's story can help move this bill forward and spare even one family from this devastation, then I will continue to speak.

I urge you to pass SB820, the effort to criminalize the sale and distribution of kratom in Maryland, joining several states and many other countries. This legislation represents a necessary step toward preventing further deaths and protecting families from a product that poses serious public health risks and help ensure other families are spared from this devastation.

Thank you for your willingness to address this issue and standing firm in protecting Maryland families.

Sharon Baharoff
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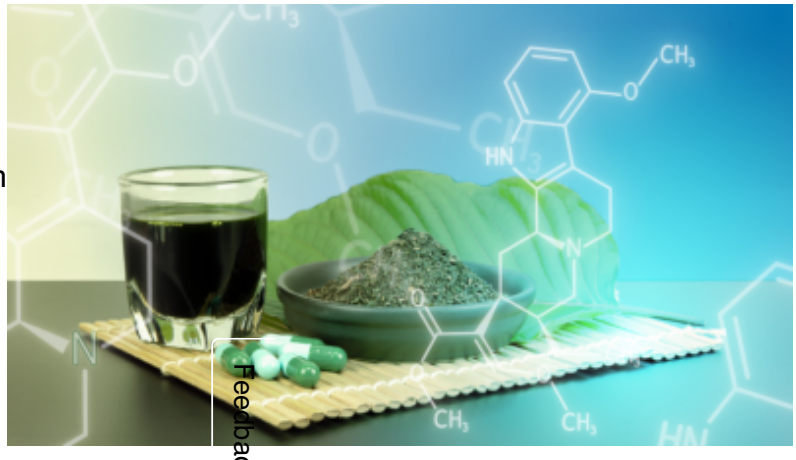
FDA and Kratom | FDA highlighted.pdf
Uploaded by: Jennifer Brandt
Position: FWA

FDA and Kratom



Kratom is a tropical tree (Mitragyna speciosa) that is native to Southeast Asia. Products prepared from kratom leaves are available in the U.S. online and in brick-and-mortar stores. Kratom is often used to self-treat conditions such as pain, coughing, diarrhea, anxiety and depression, opioid use disorder, and opioid withdrawal, with regular kratom users self-reporting using less than 6g of botanical kratom per consumption, per several recent (https://pmc.ncbi.nlm.nih.gov/articles/PMC7423016/) studies. An estimated 1.7 million Americans aged 12 and older used kratom in 2021, according to the Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health (https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf).

Of note, 7-hydroxymitragynine (7-OH) is a naturally occurring alkaloid in the kratom plant, but only a minor constituent that comprises less than 2% of the total alkaloid content in natural kratom leaves. However, 7-OH demonstrates substantially greater mu-opioid receptor potency than kratom's primary alkaloid constituent mitragynine, as well as other classical opioids such as morphine. For more information about the agency's efforts regarding 7-OH, see Hiding in Plain Sight: 7-OH Products (/news-events/public-health-focus/hiding-plain-sight-7-oh-products).

There are no prescription or over-the-counter drug products containing kratom or its known alkaloids that are legally on the market in the U.S. If a new drug application (NDA) is submitted for kratom (or one of its components) to treat a specific medical condition, FDA will review the scientific data to determine if a drug product containing kratom (or its components) is safe and effective to treat that specific medical condition. Consistent with FDA's practice with unapproved substances, until the agency scientists can evaluate the safety and effectiveness of kratom (or its components) in the treatment of any medical conditions, FDA will continue to warn the public against the use of kratom for medical treatment. The agency will also continue to monitor emerging data trends to better understand the substance and its components.

Kratom is not appropriate for use as a dietary supplement. FDA has concluded from available information, including scientific data, that kratom is a new dietary ingredient for which there is inadequate information to provide reasonable assurance that such ingredient does not present a significant or unreasonable risk of illness or injury and, therefore, dietary supplements that are or contain kratom are adulterated under section 402(f)(1)(B) of the FD&C Act. Further, FDA has determined that kratom, when added to food, is an unsafe food additive within the meaning of section 409; food containing an unsafe food additive, such as kratom, is adulterated under section 402(a)(2)(C)(i). Based on these determinations by FDA, kratom is not lawfully marketed as a dietary supplement and cannot be lawfully added to conventional foods.

Therefore, kratom is not lawfully marketed in the U.S. as a drug product, a dietary supplement, or a food additive in conventional food.

What can happen if a person uses kratom?

FDA has warned consumers not to use kratom because of the risk of serious adverse events, including liver toxicity, seizures, and substance use disorder (SUD). In rare cases, deaths have been associated with kratom use, as confirmed by a medical examiner or toxicology reports. However, in these cases, kratom was usually used in combination with other drugs, and the contribution of kratom in the deaths is unclear.

Cases of kratom-related SUD have also been observed. In these cases, individuals met certain criteria for SUD, including using kratom for longer than intended, using more kratom than intended, having cravings for kratom, continuing to use kratom despite adverse consequences (either physically or in their personal life), increasing the amount of kratom used to produce the same effect (tolerance), and experiencing withdrawal symptoms when kratom use was stopped (physical dependence).

FDA is also aware of cases involving neonatal abstinence syndrome, in which newborns experienced withdrawal signs such as jitteriness, irritability, and muscle stiffness following prolonged exposure to kratom prior to birth.

FDA has warned the public when certain kratom products were contaminated with Salmonella and/or concerning levels of heavy metals. These contaminants can put people at risk and can result in numerous documented illnesses.

How is FDA protecting the public from the risks of kratom?

There are no FDA-approved kratom drug products or over-the-counter drugs containing kratom that are legally on the market in the U.S. FDA continues to warn consumers not to use kratom because of the risk of serious adverse events, including liver toxicity, seizures, and substance use disorder (SUD).

Consistent with its mission to protect the public's health, FDA regularly exercises its authority to protect consumers from companies selling unapproved kratom drug products, making false or misleading claims about unproven benefits of kratom, and selling unlawfully marketed kratom dietary supplements and conventional foods. The agency has partnered with the U.S. Customs and Border Protection and with the Department of Justice to take numerous actions to limit the sale of unlawful kratom products in the U.S. The agency continues to work with its federal partners to warn the public about risks associated with use of kratom.

Unapproved drug products are some of the most challenging products that FDA regulates, due to the complex and fragmented supply chain of distributors, wholesalers, retailers, and even individuals. These entities are not usually registered with FDA, may operate out of residences, and distribute kratom through sales made on the internet, social media, smoke/vape shops, other small stores, or by using the mail or other package delivery services. Kratom-containing drug products have been shipped through U.S. and international mail facilities and may falsely be declared as other items, such as potpourri or incense.

FDA will continue to work with its federal partners to warn the public about the risks associated with the use of kratom and protect consumers from entities that are selling violative kratom products, including products with false or misleading labeling claims about unproven health benefits of kratom. Additionally, states may have their own regulations or prohibitions for kratom products. State health and law enforcement agencies are the best resource concerning applicable state laws.

What is FDA doing to support sound scientific research on kratom?

FDA recognizes that there is much that is not known scientifically about kratom. Although there are published animal studies with kratom extracts, there are few published reports from well-designed scientific studies where kratom was administered to humans.

Additional investigation by researchers, including those in the academic community, drug companies, and government agencies, into the many safety issues and potential therapeutic uses of kratom would provide important public health information.

What research is FDA doing on kratom?

Research on Safety Issues

While kratom contains over 50 alkaloids, most scientific research focuses on mitragynine and 7-OH, both of which bind to the same receptors in the brain (mu opioid receptors) as opioid drugs such as codeine. Mitragynine also has additional mechanisms of action on other chemical systems of the brain, including serotonin, dopamine, norepinephrine, and kappa opioid receptors. These compounds may produce classic opioid-related effects such as sedation, nausea/vomiting, constipation, physical dependence/withdrawal, and respiratory depression that may lead to death. However, as with all drugs, the ability of kratom to cause harmful responses will depend on how much of the drug is taken and under what conditions.

One additional safety concern with kratom is that of abuse potential. There are epidemiological data suggesting that some individuals develop substance use disorder following kratom use. To date, a well-designed human abuse potential study has not been conducted that would show whether kratom, mitragynine, or 7-OH produce rewarding effects (such as feeling “high”) that might lead an individual to abuse kratom. This means that the abuse potential of kratom has yet to be fully understood.

Research on Kratom by FDA Clinical Investigators

To better understand kratom’s safety profile, FDA funded a single ascending dose study to evaluate the effects of botanical kratom ingestion in humans. FDA researchers have submitted a manuscript to a peer-reviewed journal and will make the results publicly available upon acceptance.

Building on this preliminary study, FDA awarded a grant for a human abuse potential study on kratom in September 2024. While these studies will further FDA’s efforts to characterize kratom’s safety profile, results from these studies will need to be considered in relation to the many and varied kratom-related products available to consumers and other scientific research.

Are There Possible Therapeutic Uses as a Drug?

FDA recognizes that it is necessary to develop therapies for patients with unmet medical needs. The agency has numerous programs that help drug companies develop and obtain approval for new drug products. Drug companies that are interested in kratom-related drug development are encouraged to contact the relevant review division (https://www.fda.gov/about-fda/cder-offices-and-divisions/office-new-drugs) in the Center for Drug Evaluation and Research to answer questions related to their specific drug development program.

While FDA continues to evaluate the available safety information about the effects of kratom, the agency encourages health care professionals and consumers to report any adverse reactions to the FDA's MedWatch (https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program) program or the Safety Reporting Portal (https://www.safetyreporting.hhs.gov/).

Additional Resources

- Hiding in Plain Sight: 7OH Products (/news-events/public-health-focus/hiding-plain-sight-7-oh-products)

Related Information

- FDA Seizes 7-OH Opioids to Protect American Consumers (/news-events/press-announcements/fda-seizes-7-oh-opioids-protect-american-consumers)
- FDA issues warning letters to firms marketing products containing 7-hydroxymitragynine (https://www.fda.gov/news-events/press-announcements/fda-issues-warning-letters-firms-marketing-products-containing-7-hydroxymitragynine)
- FDA Takes Steps to Restrict 7-OH Opioid Products Threatening American Consumers (/news-events/press-announcements/fda-takes-steps-restrict-7-oh-opioid-products-threatening-american-consumers)

Was this page helpful? * (required)

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Submit

SB820 unauthrized consumable.pdf
Uploaded by: Kirk McCauley
Position: FWA

WMDA/CAR Service Station and Automotive Repair Association

Chair: Pamela Beidle and members of Senate Finance

RE: SB820- Alcohol, Tobacco, and Cannabis Commission - Unauthorized Consumable Products - Enforcement and Seizure

Position: Favorable with Amendments:

My name is Kirk McCauley, my employer is WMDA/CAR, we represent service stations, convenience stores, and repair facilities across the state as a non- profit trade group established in 1937.

> WMDA does not oppose the bill as to what it does to ban and seize products. We are opposed to removing language that offers defense to unknowingly retailer, along with heavy fine and jail time. Language in SB280 is ambiguous and must be interpreted by inspectors, language that can be interpreted in diverse ways.

Amendments requested:

- **Page 8, lines 31-33** – In **a prosecution for a violation of this section, it is a defense that the defendant relied in good faith on the representations of a manufacturer, processor, packer, or distributor of a kratom product. remove brackets.**

- **Page 11, lines 27-29 - In a prosecution for a violation of this section, it is a defense that the defendant relied in good faith on the representations of a manufacturer, processor, packer, or distributor of a phenibut product. remove brackets.**

- **Page 5 Lines 25-27 (E) A RETAILER THAT VIOLATES SUBSECTION (B) OF THIS SECTION IS GUILTY OF A MISDEMEANOR AND ON CONVICTION IS SUBJECT TO A FINE NOT EXCEEDING $5,000. Given the language this is excessive. Same in Page 10 line 24-26 These should be removed, replace with $1, 000 fine for first offence.**

WMDA fully supports a Directory that puts Retailers, ATCC Enforcement and Maryland Department of Health on same page, working together. Retailers get caught in the middle of what is legal and what is not, this would not only put the law in black and white, but registration fees would pay for program. We do it now for tobacco, but not for products that mixed by? and packaged by? makes no sense. VA and PA have opted for a directory in some form, and it is time we did the same.

Heath Department should be required to do a robust campaign to make retailers aware, as most have no idea about what these products are or what form they are in.

WMDA/CAR asks Favorable with Amendments vote on SB820.

Kirk McCauley, 301-775-0221 or kmccauley@wmdacar.com

SB820_PublicComment_Danielle.pdf
Uploaded by: Danielle Campbell
Position: UNF

Public Comment in Opposition to SB 820

Submitted by: Danielle | Maryland Business Owner, Artist, Community Member

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Good morning. My name is Danielle. I am a business owner, an artist, a fiancée, and a functioning member of my community. You can find my artwork in various locations all over Maryland. I am here today because kratom gave me my life back. I have used this plant for over ten years. I am not a statistic. I am standing right in front of you.

Over 50 million Americans suffer from chronic pain. Roughly 58 million have diagnosed arthritis. An estimated 15 to 16 million Americans currently use kratom — not because they are reckless, but because they have tried everything else and this is what works. These are your neighbors, your family members, and they are sitting in this room.

The FDA Standard Is a Backdoor Ban

I want to address the heart of this bill directly. SB 820 requires that kratom products be either recognized as a dietary ingredient or approved as a drug by the FDA before they can be sold. That sounds reasonable until you understand what it actually means.

The FDA has not approved kratom. But here is what they also have not approved: melatonin, valerian root, turmeric, echinacea, elderberry, fish oil, magnesium, and thousands of other supplements that millions of Americans use every single day without incident. The entire dietary supplement industry — a $60 billion industry — operates without pre-market FDA approval. That is not an accident or an oversight. It is how the law was written, and it has worked.

The process to achieve FDA drug approval takes an average of 10 or more years and costs over one billion dollars. That is not a regulatory standard. That is a closed door. Holding kratom to a standard that virtually no botanical supplement in America meets is not consumer protection — it is prohibition with extra steps.

In fact, the DEA itself considered scheduling kratom as a Schedule I substance in 2016 and withdrew that proposal after overwhelming public opposition. The United Nations Commission on Narcotic Drugs unanimously concluded there was insufficient evidence to recommend restricting kratom internationally. The World Health Organization and the U.S. Department of Health and Human Services have both acknowledged kratom's potential benefits. This is not a fringe position. This is where the international science stands.

Who Wrote This Bill, and Who Benefits?

I would be remiss not to note who introduced SB 820. Senator Antonio Hayes served as the Senate Chair of the Joint Committee on Behavioral Health and Opioid Use Disorders from 2019 to 2021 — a committee with direct influence over the very pharmaceutical industry that stands to benefit if kratom disappears.

I would invite every person in this room to consider what it means that the person who chaired Maryland's opioid policy committee is now writing legislation that would effectively eliminate one of the most commonly used alternatives to opioids. The full record of Senator Hayes' committee assignments is publicly available, and it raises questions that deserve honest answers.

I am not here to make accusations I cannot prove. But I am here to ask a straightforward question: who benefits if kratom disappears from Maryland shelves? The answer is not me. The answer is not the 15 to 16 million Americans who use it. The answer is the companies that manufacture the opioids, the benzodiazepines, and the prescription pain medications that kratom users have walked away from. When a plant helps people stop using pharmaceuticals, the pharmaceutical industry has a financial interest in eliminating that plant. That is not a conspiracy theory. That is economics.

The Addiction Argument Does Not Hold

If addiction potential were truly the standard for restricting a substance in this state, we would need to have a very different conversation. Alcohol is legal and sold at every gas station in Maryland. Tobacco and nicotine are legal. Prescription opioids — including fentanyl and oxycodone — are not only legal but actively marketed by pharmaceutical companies to doctors and patients. Sugar is in everything. None of them are banned.

Research published by scientists at Johns Hopkins Medicine found that kratom has a relatively low abuse potential compared to traditional opioids and suggested it may warrant further study as a treatment option. That research exists. Dismissing it is a policy choice, not a scientific one.

The Labeling Restrictions Are Unequal and Arbitrary

This bill bans kratom products from using bright colors, animals, mascots, cartoon imagery, or vivid illustrations in their packaging. I would like someone to walk me through a liquor store and apply that same standard. Jack Daniel's has a rooster. Sailor Jerry has a tattoo-style eagle. Fireball has a dragon. Blue Moon has a moon and a wheat illustration. Countless alcohol brands use bold, colorful, illustrated packaging — and alcohol kills approximately 95,000 people per year in the United States.

Kratom has been associated with a small number of deaths, nearly all of which involved concurrent use of other substances including fentanyl. The FDA itself has acknowledged that the contribution of kratom alone in those deaths is unclear. Applying stricter packaging rules to kratom than to alcohol is not

logical. It is targeted.

What Banning Kratom Actually Does

I came here today not just for myself but for the hundreds of people I personally know whose lives have been changed by this plant. I have used kratom for over ten years. I manage chronic pain. I am a business owner. I am an artist. I am a contributing member of this community. Kratom did not take those things from me — it gave them back.

Banning kratom does not make people safer. It makes them desperate. It pushes them toward substances that are more dangerous, more addictive, and more profitable for the industries that lobby the people in this room. The people who depend on this plant will not simply stop being in pain. They will look for something else. For some of them, that something else will be an opioid prescription. For some, it will be the street.

I am asking you to protect us — not from kratom, but from a decision made without us in the room, influenced by interests that are not ours.

Regulate it. Label it. Set an age requirement. Require testing. There are reasonable paths forward that protect consumers without eliminating access. Several states — including Nevada, Utah, Colorado, Georgia, Oklahoma, Virginia, and West Virginia — have passed the Kratom Consumer Protection Act, which does exactly that. Maryland should follow their lead, not take the path of prohibition.

I am asking you to vote no on SB 820. Thank you.

Testimony Against SB820.pdf
Uploaded by: Emil Volcheck
Position: UNF

Testimony Against HB1523 / SB0820

March 3, 2026

Dear Senator Hayes and members of the Finance Committee,

I am writing to respectfully oppose **SB0820**. This legislation would eliminate safe access to kratom products for responsible consumers, like myself.

Maryland has already adopted a comprehensive measure with the **Kratom Consumer Protection Act** in 2024 (HB1229/CH0748). This existing law wisely bans the sale of products containing highly concentrated amounts of psychoactive ingredients found in kratom. Therefore, the simple green tea form (made from the actual ground leaves of the plant) should continue to be permitted and accessible to responsible consumers.

I regularly use small amounts of kratom green tea powder in blended yogurt drinks (smoothies) as an alternative to caffeine to enhance my productivity and alertness. This was particularly valuable when I worked 12-hour night shifts and needed a safe boost around 2 AM. Unlike coffee, which often made me jittery or caused stomach upset that late, and interfered with my sleep schedule, kratom green tea provided sustained alertness and energy without negatively impacting my ability to sleep the next morning. I have found kratom to be less habit-forming than coffee. It is safe for responsible, moderate use.

SB0820 is both unnecessary and harmful, given the current regulations already in place. I urge you to vote against this bill, or at minimum, remove kratom from the list of substances, as it is already appropriately regulated under current State law.

Sincerely,

Emil Volcheck
3040 Guilford Ave.
Baltimore MD 21218

Maryland_Kratom_Testimony_Jessica_Gerding.pdf
Uploaded by: Jessica Gerding
Position: UNF

Testimony in Opposition to Prohibition and in Support of Evidence-Based Regulation

Chair and Members of the Committee,

My name is Jessica Gerding. I am a manufacturing consultant and dietary supplement industry professional. I own and operate an ingredient manufacturing facility in Pennsylvania and a supplement manufacturing facility in Florida. My work centers on FDA compliance, quality systems, and botanical ingredient safety.

I am submitting this testimony to address concerns reflected in SB 820 and HB 1523 and to clarify several important regulatory and scientific points regarding kratom.

The New Dietary Ingredient (NDI) Framework Already Governs Kratom

Both bills express concern about safety, lack of FDA approval, and potential risk to public health. It is important to clarify that dietary ingredients are not required to be "FDA approved" like pharmaceutical drugs. They are governed under a different statutory framework.

Under federal law, any dietary ingredient not widely marketed prior to October 15, 1994 must undergo a **New Dietary Ingredient (NDI) notification** before lawful interstate commerce.

The legal standard is not zero risk. The standard is whether the ingredient, under proposed conditions of use, presents a **significant or unreasonable risk of illness or injury**.

An NDI submission requires:

- Botanical identity verification
- Full manufacturing process disclosure
- Detailed ingredient specifications
- Contaminant limits
- Stability data
- Toxicological and safety data.

This is a structured, science-based premarket safety process established by Congress.

A standardized kratom powder, properly manufactured with our assigned NDI number, and our extract manufactured in the United States have undergone this NDI process. They are produced under current Good Manufacturing Practices (cGMP), supported by toxicological review, and manufactured with contaminant testing and alkaloid standardization.

When legislative findings state that Kratom lacks safety review, that is not entirely accurate. The federal safety framework exists and has been utilized.

Distinguishing Between Compliant Manufacturing and Illicit Products

Both SB 820 and HB 1523 cite adverse event concerns, youth exposure, and product

variability. These are legitimate public health considerations. However, they do not distinguish between:

1) Unregulated, imported raw plant material and Regulated plant material that abide by the FDA compliant systems.

2) Unregulated, imported extracts and U.S.-manufactured, standardized extracts produced under FDA-compliant systems.

There is a critical difference.

Domestic cGMP manufacturing requires:

- Supplier qualification programs
- Raw material identity testing
- Heavy metal and microbial analysis
- Batch traceability
- Documented quality control release
- Recall capability

The kratom extract I am referencing is:

- Manufactured in the United States
- Tested for contaminants
- Standardized to defined alkaloid levels
- Supported by toxicology review
- Produced under federal manufacturing law.

If the concern is contamination, adulteration, or variable potency, the solution is to require compliance with these manufacturing standards - not to eliminate the regulated marketplace.

“No FDA Approval” Does Not Mean “No Regulatory Structure”

Language in the bills suggests that because Kratom is not FDA approved as a drug, it lacks oversight.

Dietary supplements are regulated under the Dietary Supplement Health and Education Act (DSHEA), which establishes cGMP manufacturing requirements, labeling standards, adulteration prohibitions, misbranding prohibitions, and FDA enforcement authority.

The correct regulatory question is whether products are being manufactured and marketed in compliance with DSHEA—not whether they have undergone pharmaceutical drug approval.

Conflating these standards risks misunderstanding the regulatory framework Congress intentionally created for botanicals.

Addressing Concerns About Youth Access and Potency

If the legislature's concern is youth access, that is solvable through age restrictions, retail licensing requirements, and enforcement mechanisms.

If the concern is high-potency extracts or synthetic alkaloid manipulation, that is solvable through prohibiting chemically altered alkaloids, setting maximum alkaloid concentration limits, requiring alkaloid disclosure on labeling, and mandating third-party contaminant testing.

These are targeted regulatory tools

A total ban removes compliant operators while leaving illicit markets intact.

Evaluating Risk Under the Proper Legal Standard

The statutory standard for dietary ingredients is whether the product presents a "significant or unreasonable risk" under labeled conditions of use.

No consumer product is risk-free. Many regulated consumable ingredients found in supplements, food, and beverages carry documented risks.

The relevant question is whether a properly manufactured, standardized, U.S.-produced kratom extract—manufactured under cGMP and supported by safety review—presents an unreasonable risk when used as directed.

Policy should be grounded in a comparative risk assessment, not isolated case reports that often involve poly-substance exposure or adulterated products.

Prohibition Reduces Visibility and Oversight

If SB 820 or HB 1523 result in full prohibition, likely outcomes include expansion of online interstate sales, increased importation from unregulated sources, elimination of in-state manufacturing oversight, and reduced product testing transparency.

Prohibition does not eliminate demand. It eliminates regulated supply.

From a manufacturing compliance perspective, the safest marketplace is one where producers are known, facilities are registered, testing is documented, and products are traceable.f

These safeguards disappear when lawful operators are removed.

A Structured Alternative

If the goal is public safety, Maryland could consider:

- Age restrictions
- Mandatory contaminant testing
- Alkaloid content disclosure
- Prohibition of synthetic or chemically altered alkaloids

- Manufacturer and distributor registration
- Enforcement funding

These measures preserve consumer protection while maintaining oversight.

Closing

I do not dismiss safety concerns. The deserve rigorous analysis.

However, the existence of an NDIN for Kratom including a U.S.-manufactured, tested, standardized kratom extract that has undergone the federal New Dietary Ingredient notification process demonstrates that regulation—not prohibition—is the appropriate path.

The federal framework already provides a safety standard, and I work with the ingredients that have met it. We support manufacturing law that provide enforceable quality controls.

If the objective is to reduce risk, policy should strengthen compliance requirements rather than remove regulated participants from the marketplace.

Evidence-based oversight protects consumers. Eliminating regulated manufacturing does not.

Thank you for your consideration.

SB820_RJ Jackson_UNF
Uploaded by: RJ Jackson
Position: UNF

Public Comment in Opposition to Senate Bill 820
Submitted by: RJ Jackson | Entrepreneur, Social Media Influencer, Stand-Up Comedian

Good afternoon. My name is RJ Jackson. I am an entrepreneur, social media influencer, stand-up comedian, and a lifelong Maryland resident. If it were not for kratom, I would not be any of those things today.

Since the OxyContin epidemic swept through America during my high school years, I was a regular user of opioids. I lied to my friends, my family, and my employers, while holding myself back from every dream I had because of my addiction. For years, I desperately wanted to get clean, but the paths I watched my friends take looked nearly as bleak. A life dependent on Suboxone, methadone, or other powerful pharmaceuticals was not the life I had envisioned for myself. So I tried quitting cold turkey — many, many times. Sometimes I would do well for a few weeks or even months, but one moment of temptation would set me back another three to four years.

Then in 2016, just as the country was debating whether to ban kratom entirely, I decided to try it. If I had not, I believe I would be like many of my friends who are no longer here. Kratom got me clean — right as fentanyl was taking people I loved, one after another. I never touched another drug again. Overnight. Within a few weeks, I decided to try coming off kratom as well, because I did not want to be dependent on anything. I did — cold turkey — and the most I suffered was the sniffles for 48 hours. For millions of people across this country, this plant has been nothing short of a lifeline.

Today, I still use kratom, it's just no longer a daily thing for me. Some weeks I do not use it at all. I now use it for focus, creativity, as a pre-workout supplement, and occasionally as a social lubricant. I am living the life I once only dreamed of — not because a pharmaceutical company gave me a lifetime prescription, but because a plant that has been used safely for thousands of years gave me a second chance.

Senate Bill 820 would grant the Alcohol, Tobacco, and Cannabis Commission sweeping authority to seize, confiscate, and destroy so-called "unauthorized consumable products" and prohibit retailers from selling or advertising them. Under the existing Maryland law, a product qualifies as unauthorized if it has not been recognized as a dietary ingredient or approved drug by the FDA. Kratom has not received that recognition — and critically, neither have thousands of other natural supplements that millions of Americans use every single day without controversy. Turmeric root, passionflower, chamomile, valerian root — none of these have FDA approval either. No one is moving to ban them. The standard being selectively applied to kratom here is not being applied evenly, and that inconsistency deserves serious scrutiny from this committee. If FDA approval is truly the bar, then this bill has implications far beyond kratom alone.

Make no mistake: while this may not be an explicit ban written in plain language, the practical effect is identical — Maryland residents will no longer be able to access kratom. And the consequences of that will be severe. People will return to drugs — as many individuals battling addiction simply do not have access to the tools or support systems that helped me find my way out. Whether that means prescription opioids or illicit substances, the result will be the same. They could potentially become criminals overnight because of yet another prohibition campaign against a natural remedy with a documented history of helping people. For many struggling with addiction, kratom is not a luxury. It is the only off-ramp they have found from a highway of destruction.

I urge you to consider the over 17,000 Marylanders who have died from drug overdoses since the year I got clean in 2016. Some of them were my friends. Some were parents. All of them were someone's child. Every single one was a tragedy. Please do not close the door on the tool that saved my life — and that continues to save lives across this state every single day.

Thank you,
RJ Jackson
1814 Ocean Shore Ln.
Salisbury, MD 21801
(410)924-1358

Kratom Testimony .pdf
Uploaded by: Robin Watson Blackwood
Position: UNF

Good afternoon,

This bill, SB 820, is well-intentioned, but misguided in that it would cause far more harm than good. Making kratom impossible to purchase in the entirety of the state is an affront to responsible kratom consumers. We work in the state, pay taxes in the state and vote in the state. Please consider the detrimental impact this bill would have on us.

Best,

Robin Watson Blackwood

Untitled document (3).pdf
Uploaded by: Sarah Sarah
Position: UNF

3/3/2026
SB0820
Written Testimony
Keep Natural Kratom Legal and Accessible

To Whom It May Concern:

Natural kratom tea/powder is completely different than 7oh and synthetic extracts, and should be treated as such. I am a hard working member of society who uses it responsibly and as intended and am afraid of what life will be like if access to it for me is banned. My family lives in MD, and runs a successful agricultural business and a home farm. We care for many farm animals, crops, and feed many other farms in our MD county, and beyond. I depend on natural kratom to relieve my chronic pain enough in order to keep our household and agriculural business running successfully. I can not take NSAIDS or pain medication and soley rely on natural kratom. I have a horrible fear what will happen to me if I can not access it anymore. I keep up with my doctor appointments, and my bloodwork is great, I am very healthy except for my pain. I am counting on you to please protect the natural product of kratom in order for me and many others to have a decent quality of life and freedom to choose how we manage our pain and health. We work very hard and do not deserve to have the natural kratom be lumped into the same category as the syntheitc 7oh and other lab created products. I agree that there should be regulation on the synthetics, but the natural form should be left alone. So much misinformation is on the internet about natural kratom because it is being associated with synthetic 7oh and it is 100% wrong. Natural form is safe when used responsibly, which I do and take very seriously, because it is all I have in order to live and thrive in my family and business. Please help protect us and our livelihoods by keeping our access to the natural plant open. I have never reached out to legislature in my entire life, but this is something I absolutely had to do. We are counting on you, and our livelihoods are truly in your hands. Thank you for your time.

MD Family Farmer

SB820 Testimony Scott Williams 03032026.pdf
Uploaded by: Scott Williams
Position: UNF

Good afternoon, Chairman and distinguished members of the Health Committee.

My name is Scott Williams and I am an Annapolis Eastport resident speaking in opposition to SB820 as currently written.

I want to be clear: I am not here to defend dangerous products. The rise of concentrated, semi-synthetic 7-hydroxymitragynine products — often called "7-OH" — flooding gas stations and smoke shops is a legitimate public health concern, and I fully support targeted enforcement against them.

But SB820, as written, goes far dangerously further. By granting the Alcohol, Tobacco, and Cannabis Commission broad authority to seize and destroy any "unauthorized consumable product," it creates a legal framework where plain, unadulterated kratom leaf powder — a product used daily by an estimated 200,000 Marylanders — could be banned on the sole basis that the FDA has not yet formally approved it as a dietary ingredient. That is a moving target tied to federal inaction, not to actual product safety.

Maryland already passed the Kratom Consumer Protection Act in 2024. That law bans adulteration, requires labeling, and prohibits sales to minors. HB1523 should build on that framework — not bulldoze it.

Here is the compromise I am asking this committee to adopt:

One: Explicitly exempt unadulterated kratom leaf powder — products containing only naturally occurring alkaloid ratios consistent with the mitragyna speciosa plant — from the definition of "unauthorized consumable product," regardless of FDA approval status.

Two: Define "unauthorized" to specifically capture products where 7-hydroxymitragynine content exceeds two percent of total alkaloid composition by weight, or more than one milligram per serving — thresholds that are scientifically impossible to achieve in natural, unprocessed kratom powder, and already adopted by states like Arizona, Utah, Oklahoma, and Texas.

These targeted amendments accomplish the real goal: removing dangerous synthetic and concentrated 7-OH products from shelves, while protecting the hundreds of thousands of adult Marylanders who rely on natural kratom leaf as part of their daily wellness routine.

Broad seizure authority without these guardrails doesn't protect consumers — it punishes them.

PS I'll leave you with one last hint to be prepared to have replacement products that are already on shelves that will NOT be affected by the verbiage in this bill. I would be happy to work with your staff to identify them with the compromise of omitting kratom powder from the ban.

I urge this committee to amend HB1523 accordingly. Thank you.

Sincerely,

Scott Williams

SB0820 Comment DOC.pdf
Uploaded by: Sean Swartzwelder
Position: UNF

Submitted: 03/03/2026

Public Comment Regarding Maryland Bill SB0820

Sean R. Swartzwelder

Dear Chair, Vice Chair, and Members of the Finance Committee,

My name is Sean Swartzwelder, and I am a Maryland resident living in Frederick County. I respectfully submit this testimony in opposition to **Senate Bill 820**.

I am particularly concerned with the provisions under Section 1–323, specifically page 5, lines 4–6, which state that **"a retailer may not distribute, sell, expose for sale, or advertise for sale an unauthorized consumable product."** This provision, combined with the inclusion of Kratom products under the definition of "unauthorized consumable products" on page 4, lines 15–26, would significantly restrict access to Kratom for responsible adult consumers like myself.

Additionally, page 5, lines 6–17 authorize the state to seize, confiscate, or destroy Kratom products, and page 5, lines 25–27 establishes criminal misdemeanor penalties for retailers, including fines of up to $5,000. Page 9, lines 5–10 further establishes the possibility of imprisonment for retailers.

These enforcement provisions would have a chilling effect on retailers and would likely eliminate access to Kratom in Maryland, even for responsible adult consumers who rely on it for legitimate personal medical use, especially for chronic pain condition management.

In addition, I am deeply concerned about the provision in Health – General § 21–2E–02(a)(2)(ii), found on page 8, lines 1–4, which states that a retailer may not sell a Kratom product that "has not been recognized as a dietary ingredient or approved drug by the U.S. Food and Drug Administration." Currently, no Kratom products are approved by the FDA as drugs, nor formally recognized as dietary ingredients. As a result, this provision would effectively prohibit the legal sale of all Kratom products in Maryland, creating a de facto ban. This would eliminate access for responsible adult consumers like myself who rely on Kratom as a safer alternative for managing chronic pain.

As someone diagnosed with Fibromyalgia, Kratom has played an important role in helping me manage chronic pain. It has allowed me to avoid opioid medications, which carry a far greater risk of dependency and harm in their safety profile. Kratom has enabled me to maintain my quality of life, continue working as a Professional Chef, and function much more normally.

Scientifically and medically, research on Kratom has shown a safety profile with significantly less likelihood and incidence of Respiratory Depression and Overdose, the two main causes of death and adverse medical events in traditional opioid medications and products. Kratom acts on the brain differently, according to experts, in that it is a *partial opioid agonist* and *NOT an opioid in the traditional sense* in the way it acts on the body and brain. This has been the number one reason I have chosen Kratom products for relief of my symptoms.

I would like to include in my testimony that I fully and strongly support reasonable regulation to ensure product safety and purity, proper labeling, and age restrictions. However, policies that effectively eliminate access by criminalizing retailers will harm responsible consumers who depend on Kratom as a safer alternative to traditional opioids.

I respectfully urge the committee to oppose SB 820 in its current form and instead consider regulatory approaches that ensure safety while preserving access for responsible adult consumers.

Thank you for your time and consideration.

Respectfully Submitted,

Sean R. Swartzwelder
Frederick County, Maryland

kratom.pdf
Uploaded by: Tracie Crosco
Position: UNF

To Whom it May Concern:

My name is Tracie Crosco and I am a 45-year-old wife, mother and I own a cleaning business in Deep Creek Lake Maryland. I oppose bills SB820 and HB1523 because it would prevent responsible kratom users from having access to it.

I have been utilizing kratom for 10 years now. I was in a bad car accident in 2014 and left me with metal plates throughout my face. Kratom helps me manage my pain since the car wreck. I cannot take narcotics of any kind because it causes bad things to happen in my life. If this bill passes this would hurt me tremendously. Please reconsider keeping Plain leaf kratom available for all responsible users that are older than 21. There are many others like me that utilize it safely.

Thanks for taking the time to read this.

Troy Blackwood SB 0820.pdf
Uploaded by: Troy Blackwood
Position: UNF

Dear Senator Hayes,

I am writing to you today as a concerned Maryland resident to express my strong **opposition to SB 0820**, which is scheduled for a hearing in the Finance Committee on February 26th.

While I support the goal of ensuring product safety, SB 0820 as currently written would be detrimental to this goal:

- **Forcing Consumers to Order online:** Kratom is a popular and safe option for pain patients in Maryland and opiate addicts in recovery. Given the nature of addiction, patients should be able to access this safe option anonymously and immediately, both of which are impossible if the only option is to have kratom shipped.
- **Harm Small Businesses:** Local retailers who follow strict safety protocols would be forced to pull products from their shelves immediately under the threat of seizure and criminal misdemeanors.
- **Ignore Sensible Regulation:** Rather than an outright ban, I urge the committee to consider a **Kratom Consumer Protection Act (KCPA)** model. This approach focuses on age-gating (21+), strict labeling requirements, and mandatory laboratory testing for contaminants to ensure public safety without criminalization.

I ask that you protect the rights of Maryland consumers and the livelihoods of local business owners by issuing an **unfavorable report on SB 0820**.

Thank you for your time and for your dedicated service to our state.

Sincerely,
Troy Blackwood

Catonsville, MD

615-995-6407

Reason Testimony SB820 Maryland kratom.pdf
Uploaded by: Kaitlyn Boecker
Position: INFO

March 05, 2026

Testimony of Madison Carlino
Policy Analyst, Reason Foundation

Maryland Senate Finance Committee
Hearing on SB820: Unauthorized Consumable Products - Enforcement and Seizure

Dear Chair Beidle, Vice Chair Hayes, and members of the committee:

On behalf of Reason Foundation, thank you for the opportunity to offer testimony on Senate Bill 820. Reason Foundation is a 501(c)(3) nonprofit think tank dedicated to advocating for policy solutions that enhance public health, foster dynamic markets that offer economic opportunity, and ensure consumer access to safe, regulated products.

We understand the committee's concern regarding the public health risks associated with certain high-potency kratom extracts, fully synthetic alkaloids, and poorly regulated manufacturing practices. However, outlawing products with a 7-OH concentration above two percent of total alkaloids goes beyond what is necessary to protect public health and safety. The specific two percent limit for 7-OH is an arbitrary threshold, not a scientifically validated safety standard. Moreover, it has the effect, if not the intention, of eliminating one class of kratom products.

While setting a reasonable, evidence-informed upper limit on the potency of 7-OH or other concentrated products may be sound policy, that limit must be grounded in toxicological data and consumer need. It should establish the maximum amount a person can safely consume in a single serving. Instead, the one percent limit only tells consumers that the product is more concentrated than kratom leaf. Blanket bans of kratom or its derivatives—including 7-hydroxymitragynine (7-OH), mitragynine pseudoindoxyl, and related alkaloids—would be a disproportionate response that would ultimately displace consumers into unregulated illicit markets, impede emerging therapeutic research, and risk worsening the opioid crisis. We urge the committee instead to adopt a targeted regulatory framework that addresses the specific harms identified while preserving adult access to regulated kratom-derived products.

States across the country are advancing legislation that reflects a growing preference to regulate kratom products rather than ban them. Multiple states have adopted versions of the Kratom Consumer Protection Act (KPCA), which imposes targeted regulatory requirements, including age restrictions, product testing, alkaloid concentration limits, and labeling standards.[1] These frameworks are designed to address the harms associated with contaminated, spiked, and adulterated products without criminalizing consumers or eliminating the legal market, actions that would push consumers toward illicit and potentially more dangerous products.

[1] See, e.g., Tennessee House Bill 1414 (2022), codified at Tenn. Code Ann. § 39-17-452 (age restrictions, testing, and labeling requirements for kratom products); Nevada's kratom statutes, including 2019 Kratom Consumer Protection Act provisions and later amendments such as AB 322 (2023) (registration, labeling, and enforcement authority for kratom products).

Legislatures are choosing regulation over prohibition for several key reasons:

- **The evidence does not support Schedule I placement:** Schedule I is the most restrictive classification, reserved for substances with a high potential for abuse and no accepted medical use. Under the federal Controlled Substances Act, before placing a substance on Schedule I, the scheduling authority must evaluate eight statutory factors—including abuse potential, scientific evidence of pharmacological effects, the history and scope of abuse, risk to public health, and dependence liability.[2] Many states have modeled their scheduling criteria on this federal framework or rely on federal scheduling decisions.[3] A peer-reviewed eight-factor analysis published in *Psychopharmacology* advised against scheduling of kratom or any of its specific alkaloids under the CSA because it does not share the high abuse potential or safety risks of "prototypic morphine-like opioids," and banning kratom products would put users using kratom to abstain from opioids "at risk of resuming opioid use and overdose."[4] The World Health Organization's 44th Expert Committee on Drug Dependence found insufficient evidence even to recommend a critical review for international control of kratom, mitragynine.[5]
- **Kratom-associated death data are misleading:** A review of 156 kratom-associated deaths found that other drugs were present in 87% of cases with available toxicology data, with opioids being the most frequently co-occurring substance.[6] State-level reports consistently show that the vast majority of kratom-positive deaths involve polydrug use, substantially limiting the ability to attribute causation to kratom extracts alone. Serious adverse events remain rare, particularly when compared to the regular use of kratom by as many as 10-15 million U.S. consumers each year [7]
- **Prohibition risks worsening the opioid crisis:** Surveys of U.S. kratom consumers consistently show that the primary motivations for use are self-treatment of pain and reduction of opioid dependence. In a survey of 8,049 users, 68% reported using kratom for pain and 29% reported using it to reduce opioid dependence or withdrawal.[8] A separate survey of 2,798 users found that 41% use kratom specifically to stop or reduce opioid use—of whom over 90% reported it was helpful.[9] Banning kratom derivatives risks pushing some of these consumers back toward more dangerous substances, with the potential to increase overdose mortality.
- **Contamination harms reflect regulatory gaps, not pharmacology:** The harms most frequently cited by scheduling proponents—heavy metal contamination, salmonella outbreaks, misleading or false labeling—are classic consequences of an inadequately regulated market rather than inherent properties of kratom alkaloids. A recent comprehensive toxicology review concluded that "poorly regulated kratom products" are the

[2] 21 U.S.C. § 811 (Authority and criteria for classification of substances).
[3] Joanna R. Lampe, "The Controlled Substances Act (CSA): A Legal Overview for the 119th Congress," Congressional Research Service, R45948, January 22, 2025, www.everycrsreport.com/reports/R45948.html
[4] Jack Henningfield et al., "The abuse potential of kratom according to 8 factors of the Controlled Substances Act: implications for regulation and research," Psychopharmacology (Berl), 2018. https://pmc.ncbi.nlm.nih.gov/articles/PMC5813050/
[5] World Health Organization, "44th WHO ECDD Summary assessments, findings and recommendations," October 2021. https://cdn.who.int/media/docs/default-source/controlled-substances/44ecdd_unsg_annex1.pdf
[6] John M. Corkery et al., "Characteristics of Deaths Associated with Kratom Use," Journal of Psychopharmacology 33, no. 9 (2019): 1102–1123; D. Papsun et al., "Kratom Use, Plasma Mitragynine Concentrations, and Unintentional Deaths," Journal of Analytical Toxicology 43, no. 8 (2019): 589–595.
[7] O. Grundmann et al., "Commentary: Presence of Kratom in Opioid Overdose Deaths," Frontiers in Psychiatry 15 (2024): 1411964 (estimating as many as 15 million U.S. adult kratom consumers depending on the source).
[8] O. Grundmann, "Patterns of Kratom Use and Health Impact in the U.S.—Results from an Online Survey," Drug and Alcohol Dependence 176 (2017): 63–70.
[9] Albert Garcia-Romeu et al., "Kratom (Mitragyna speciosa): User Demographics, Use Patterns, and Implications for the Opioid Epidemic," Drug and Alcohol Dependence 208 (2020): 107849

key source of contamination and recommended mitigation through good manufacturing practices and product testing rather than prohibition.[10]

Emerging Therapeutic Potential

Emerging preclinical and early clinical evidence suggests therapeutic potential of kratom alkaloids for pain management, mood disorders, and opioid cessation. Phase 1 clinical trial data indicate that mitragynine at oral doses up to 40 mg was generally well-tolerated and did not produce clinically significant respiratory depression—the primary mechanism of opioid overdose death.[11] Pharmacokinetic studies report approximately linear kinetics and an elimination half-life compatible with predictable dosing, with no serious toxicity observed at the dose ranges studied.[12] Preclinical and clinical literature reports analgesic, anti-inflammatory, anxiolytic, and opioid withdrawal relief effects of mitragynine and related alkaloids and generally notes fewer respiratory-depression concerns than with classical opioids at comparable analgesic levels.

Dependence and withdrawal have been reported, but these phenomena also occur with caffeine, many antidepressants, alcohol, and many other unscheduled substances. These factors are not, by themselves, sufficient to establish a "high potential for abuse" warranting the most restrictive scheduling classification.

A Regulatory Framework Provides Safety without Criminalization

Rather than a blanket ban, we recommend the committee pursue a comprehensive regulatory framework for kratom derivatives and extracts that directly addresses the identified harms:

- **Adult-only access** with ID verification at point of sale and for online purchases, with civil penalties for noncompliance.
- **Potency and formulation limits** setting evidence-informed maximum per-serving concentrations of 7-OH and other derivatives in extract products, with clear labeling of alkaloid content and safe consumption amounts.
- **Product testing and quality standards** requiring manufacture under current good manufacturing practices (cGMP) and third-party lab testing for heavy metals, microbial contamination, and active alkaloid content.
- **Marketing restrictions** prohibiting clearly unsubstantiated disease-treatment claims and youth-oriented branding, with standardized warnings regarding dependence, withdrawal, and polydrug interaction risks.
- **Enforcement authority** empowering the board to mandate recalls, issue public safety notices, and impose civil penalties or license actions for noncompliant products.

Conclusion

The regulation of kratom derivatives is a rapidly evolving policy area, and states retain the authority to design frameworks that balance consumer access, public health, and industry accountability. A prohibition approach risks increasing opioid overdose mortality by eliminating a relatively less dangerous alternative for consumers who might otherwise turn to illicit opioids. A tightly regulated, adult-use framework—with sensible potency limits, testing requirements,

[10] Jack Henningfield et al., "Kratom Safety and Toxicology in the Public Health Context," Frontiers in Pharmacology, 2023. https://pmc.ncbi.nlm.nih.gov/articles/PMC11180979/

[11] Marilyn Huestis et al., "Human Mitragynine and 7-Hydroxymitragynine Pharmacokinetics after Single and Multiple Daily Doses of Oral Encapsulated Dried Kratom Leaf Powder," Molecules, February 2024.

[12] Satariya Trakulsrichai et al., "Pharmacokinetics of Mitragynine in Man," Drug Design, Development & Therapy, April 2015. https://pmc.ncbi.nlm.nih.gov/articles/PMC4425236/

labeling standards, and enforcement authority—directly targets the harms that have been identified without the collateral damage of criminalization.

Embracing targeted regulation would place Maryland at the forefront of evidence-informed kratom policy, avoiding the extremes of prohibition or unregulated use and instead offering a pragmatic, public-health focused pathway to consumer safety.

Thank you for your time and consideration.

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