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Kratom & Mitragynine-Related Compounds Schedule I Reclassification Rule Comments

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The Ohio Council of Behavioral Health & Family Services Providers (The Ohio Council) appreciates the opportunity to comment on OAC 4729:9-1-01.1 and OAC 4729:9-1-01.2, the proposed rule package reclassifying Kratom and Mitragynine-related compounds as Schedule I drugs. We are pleased to express our strong support for these proposed rule changes.

The Ohio Council is a statewide advocacy and trade association representing 170 community behavioral health and family services providers who are nationally accredited and state certified businesses. Our members deliver high-quality prevention, mental health and substance use treatment, crisis intervention, and recovery support across the State of Ohio, serving more than 2.5 million Ohioans annually; many of whom are living with substance use disorders.

In recent years, the public health risks posed by Kratom and Mitragynine-related compounds have become increasingly apparent. Similar to opiate substances, Ohio Council member organizations have reported a growing number of individuals presenting for detoxification or treatment related to dependence on Kratom and Kratom-related products. These clinical observations align with the current research and concerns outlined by the Ohio Board of Pharmacy regarding the substances' potential for misuse and the development of dependence.

Beyond the growing anecdotal evidence of treatment providers, the known effects of Kratom and its active compounds raise serious clinical concerns that support reclassification. These substances interact with the same brain systems as opioid drugs, and can produce effects such as pain relief, sedation, and feelings of euphoria. With repeated or high-dose use, individuals may develop tolerance and dependence, followed by withdrawal symptoms when use is reduced or discontinued: reflecting patterns of harm consistent with other opioid-like substances.

These risks are heightened by the lack of regulation surrounding Kratom products. Unlike prescription medication or other controlled substances, Kratom is sold in a wide range of formulations and potencies, often without consistent labeling or ingredient disclosures. From a treatment perspective, this variability makes it difficult for clinicians to assess exposure, anticipate clinical effects, or provide appropriate interventions. Inconsistent potency and the potential presence of unknown additives increase the risk of adverse health effects, overdose, and dangerous interactions with other substances.

The unregulated availability of Kratom and Mitragynine-related compounds also pose significant risks to children and adolescents that can have life-long negative consequences. These products are widely available without age restrictions in gas stations, convenience stores, and online. Research consistently shows that early exposure to psychoactive substances increases the likelihood of developing substance use disorders later in life. Allowing easy access to substances with opioid-like effects increases the risk of early misuse and sets the stage for more severe and persistent addiction throughout adulthood.

As research and clinical experience continue to deepen our understanding of the risks posed by Kratom, it is critical that action is taken now to prevent the emergence of another substance-related public health crisis. From a systems-of-care perspective, an increase in individuals seeking treatment for Kratom-related substance use would place additional strain on Ohio's behavioral health infrastructure. These demands would stretch our already limited treatment capacity, particularly in communities presently experiencing workforce shortages and service gaps. Reclassifying Kratom and related compounds would support earlier intervention, clearer prevention messaging, and more consistent clinical response across the state.

The proposed rule changes are consistent with well-established principles used to evaluate controlled substances, including high potential for misuse, the risk of dependence, and the absence of accepted medical use under regulated conditions. Taken together, the clinical evidence, treatment system impact, risks to youth, and alignment with regulatory policy of similar substances strongly support reclassification. For these reasons, The Ohio Council strongly supports the Ohio Board of Pharmacy's proposed reclassification of Kratom and Mitragynine-related compounds as Schedule I controlled substances.

Thank you for the opportunity to comment on this proposed rule package. We welcome continued collaboration on this rule and would be glad to discuss these recommendations further. Please feel free to contact me at green@theohiocouncil.org.