WRITTEN TESTIMONY OF MATTHEW LOWE

Executive Director, Global Kratom Coalition

Regarding Kratom Legislation Before the North Dakota Legislature

Chairman and members of the Committee:

My name is Matthew Lowe, and I am the Executive Director of the Global Kratom Coalition (GKC), an organization representing consumers, scientific experts, and responsible industry participants working to advance appropriate regulation of natural kratom products.

GKC supports strong action by North Dakota against synthetic and chemically converted kratom-derived substances, including concentrated 7-hydroxymitragynine (7-OH), mitragynine pseudoindoxyl, MGM-15, MGM-16, and similar novel derivatives. We also support the establishment of a comprehensive regulatory framework for natural botanical kratom, including a minimum purchasing age of 21, product standards, testing, labeling, product registration, and meaningful enforcement authority.

We oppose, however, a blanket prohibition or Schedule I classification of natural kratom leaf.

The central issue before the Legislature is one of product distinction. At the prior hearing, “kratom” was repeatedly discussed as though it represented a single, uniform substance. It does not.

Natural Kratom and Synthetic Derivatives Are Not the Same Product

Traditional kratom is the leaf of Mitragyna speciosa, a botanical native to Southeast Asia that has been consumed there for generations and has been available in the United States since the early 1970’s. Natural kratom contains mitragynine as its predominant alkaloid and only trace quantities of naturally occurring 7-OH.

Since 2023, however, an entirely different category of products has emerged. These include concentrated or chemically converted 7-OH, mitragynine pseudoindoxyl, MGM-15, and other synthetic or semi-synthetic derivatives. They are commonly sold in tablets, in many instances, are fraudulently marketed as “kratom” or “kratom extracts” despite being fundamentally different from traditional botanical kratom.

This is not merely an industry characterization. DEA has documented the proliferation of commercial products containing opioids chemically synthesized from mitragynine or 7-OH and states that pseudoindoxyl, MGM-15, and MGM-16 were developed through chemical modification of purified isolates rather than occurring naturally in the kratom plant.[1] FDA likewise has warned that many products associated with or advertised as kratom no longer resemble botanical kratom and instead contain enhanced or concentrated 7-OH.[2]

Natural kratom leaf did not suddenly change during the past several years. The market changed.

That distinction should be the starting point for North Dakota policy.

North Dakota Should Align With the Federal Approach

The federal government is expressly drawing this same distinction.

DEA has initiated Schedule I action against mitragynine pseudoindoxyl, MGM-15, and MGM-16 and is separately pursuing scheduling of 7-OH above a specified threshold.[1][3] Importantly, HHS and FDA have stated that the federal actions are “not intended to regulate natural leaf kratom that does not contain enhanced levels of 7-OH.”[4] FDA previously stated that its 7-OH scheduling recommendation was specifically targeting concentrated 7-OH and was “not focused on natural kratom leaf products.”[5]

North Dakota should follow the same evidence-based approach: prohibit the synthetic, chemically converted, and enhanced products presenting the new public-health concern, while establishing appropriate guardrails for natural botanical kratom.

A blanket ban on natural leaf would go significantly beyond the federal response and erase the very distinction federal regulators have intentionally preserved.

The North Dakota Death Data Require Careful Interpretation

The Legislature has heard that there have been 50 deaths associated with kratom in North Dakota. Every death warrants serious consideration. But the state's underlying records present a much more nuanced picture.

North Dakota HHS reports 50 non-natural deaths between 2019 and June 2026 associated with mitragynine, 7-OH, and/or mitragynine pseudoindoxyl. Of those 50 cases, 26 involved toxicological detection only; the substance was not listed as either a primary or contributing cause of death. That leaves 24 cases in which one of these substances was listed as either a primary or contributing cause.[6]

The state's further analysis is especially important. Of the 24 cases in which kratom or a related compound was listed as a primary or contributing cause, 20 — 83 percent — involved other drugs or other significant circumstances.

These included fentanyl in seven cases, methamphetamine in four, cocaine in three, alcohol in three, heroin in one, and numerous prescription drugs including bromazolam, trazodone, bupropion, cyclobenzaprine, gabapentin, pregabalin, promethazine, and diphenhydramine. Two cases also involved suicide or self-harm, including a self-inflicted gunshot death in which mitragynine was listed only as a contributing factor. Only four cases were categorized as involving kratom and/or related compounds without another drug as part of the primary cause

Those four consisted of two cases categorized as confirmed kratom, one case involving kratom, 7-OH, and pseudoindoxyl, and one presumed 7-OH case that was not laboratory confirmed.[6] Therefore, after beginning with 50 "associated" deaths, the records ultimately identify two cases categorized as mitragynine alone.

Critically, the records produced by the state do not establish the product form consumed in either case. They therefore do not demonstrate that either death involved traditional natural kratom leaf.[7]

There is an additional limitation. North Dakota HHS states that its private toxicology laboratory did not begin testing for 7-OH until September 2025 and specifically cautions that deaths occurring before that date may not have been evaluated for 7-OH.[6]

This does not mean the deaths should be dismissed. It means they should be described accurately. Fifty deaths in which kratom or related substances were associated or detected is not the same as fifty deaths caused by natural kratom leaf.

Perspective also matters. North Dakota HHS reports 106 drug-overdose deaths in 2024 alone and 497 overdose deaths from 2021 through 2024.[8] The kratom-related figure being discussed spans more than seven years and combines mitragynine, 7-OH, pseudoindoxyl, polysubstance deaths, and cases in which the substance was merely detected. These datasets are not directly comparable, but they illustrate why raw mortality figures should not be presented without causation, product attribution, and context.

Poison-Control Data Show a New Signal — Not a Historic Natural-Leaf Crisis

The North Dakota poison-control data likewise deserve careful consideration.

The state's report identifies 2 calls in 2021, 0 in 2022, 5 in 2023, 7 in 2024, and 22 in 2025 — 36 calls over five years.[6]

The increase in 2025 should not be ignored. It should be investigated precisely because of when it occurred. Natural kratom had already been available during the preceding years when reported calls remained extremely low. The sharp increase occurred during the same period in which concentrated 7-OH and synthetic derivatives proliferated nationally and were increasingly sold or fraudulently marketed under the kratom name.

The state's historical poison-control data also do not cleanly separate traditional natural kratom from concentrated 7-OH across the entire period. Accordingly, these data establish an emerging signal

involving the broad kratom/7-OH category; they do not establish that natural kratom leaf caused the increase.

The magnitude of the numbers should also be kept in perspective. North Dakota HHS reports that the Poison Help line received more than 5,800 calls from North Dakota residents in 2025 alone, with most involving medications and pills.[9] The 22 kratom/7-OH calls recorded that year represent a very small portion of overall poison-center activity.

These comparisons are not intended to suggest that all substances or products have identical pharmacology or risks. They demonstrate a narrower point: a poison-center exposure call is a surveillance metric. It is not, by itself, evidence that a product warrants Schedule I prohibition. North Dakota HHS also reports that more than 70 percent of callers to the Poison Help line receive the assistance they need without requiring a visit to a health-care professional or hospital.[9]

Regulation Provides North Dakota With Stronger Market Control

North Dakota does not have to choose between an unregulated marketplace and prohibition. A well-designed regulatory system can create clear and enforceable guardrails.

North Dakota can establish a 21-and-over market; define lawful natural botanical kratom; prohibit synthetic and chemically converted derivatives; establish an appropriate maximum permissible level of 7-OH; require independent laboratory testing; mandate accurate labeling and warnings; and create a state product registry administered by the Attorney General.

A product-registry system would allow the state to know what products are being sold, who manufactured them, who registered them, and whether laboratory documentation demonstrates compliance with state standards.

The Attorney General should have authority to inspect products, demand testing records, issue stop-sale orders, seize noncompliant products, impose meaningful civil penalties, and suspend or revoke the ability of companies or retailers to sell kratom products in North Dakota.

The Legislature can also require the regulated market to fund that oversight through product-registration fees, licensing fees, and an appropriate tax. The industry can and should fund the guardrails necessary to police the market.

This structure improves enforcement rather than weakening it. If a company sells synthetic 7-OH or pseudoindoxyl and fraudulently markets it as kratom, North Dakota would have a clear statutory standard, testing requirements, an identifiable registrant, and an enforcement mechanism.

A blanket ban does not eliminate the need for enforcement. Synthetic products can still be ordered online, shipped from another jurisdiction, mislabeled, or sold through illicit channels. Law enforcement would still need to determine what a seized substance actually contains. Prohibition removes the compliant and identifiable market; regulation gives the state visibility into that market and powerful tools to remove bad actors from it.

Conclusion

North Dakota has an opportunity to adopt a precise response to an identifiable problem.

The state should prohibit synthetic, chemically converted, and enhanced derivatives that pose a legitimate public-health concern and are fraudulently marketed under the kratom name. At the same time, it should establish meaningful consumer protections for traditional natural kratom: age restrictions, testing, labeling, product registration, retailer accountability, and strong enforcement administered by the Attorney General and funded by the regulated industry.

This approach is consistent with the direction being taken by DEA, HHS, and FDA. It is also more consistent with the evidence presently before the Legislature.

The state’s poison-control data show a recent increase that coincides with a major change in the marketplace. The mortality records show that the overwhelming majority of cited deaths either involved mere toxicological detection, other substances, or newly emerging 7-OH and synthetic derivatives. They do not establish a basis for treating natural kratom leaf and novel synthetic opioids as one product.

North Dakota should address what changed: prohibit the synthetics, regulate natural kratom, establish enforceable guardrails, and do not allow products fraudulently marketed as kratom to become the justification for prohibiting natural kratom itself.

Matthew Lowe
Executive Director
Global Kratom Coalition

Sources and References

[1] U.S. Drug Enforcement Administration, Temporary scheduling materials concerning mitragynine pseudoindoxyl, MGM-15, and MGM-16, Docket No. DEA-1644 (2026), including Federal Register temporary scheduling order/materials.

[2] U.S. Food and Drug Administration, 7-Hydroxymitragynine (7-OH): An Assessment of the Scientific Data and Toxicological Concerns Around an Emerging Opioid Threat (2025).

[3] U.S. Drug Enforcement Administration, DEA to Temporarily Schedule 7-OH and Related Substances to Protect Public Safety (July 1, 2026).

[4] U.S. Department of Health and Human Services / U.S. Food and Drug Administration, HHS, FDA Commend DEA Action Against Dangerous Enhanced 7-OH Products (July 1, 2026).

[5] U.S. Food and Drug Administration, FDA Takes Steps to Restrict 7-OH Opioid Products Threatening American Consumers (July 29, 2025).

[6] North Dakota Health and Human Services, Public Health Division, Mitragynine and 7-Hydroxymitragynine (7-OH): Summary from the North Dakota HHS Public Health Division / Disease Control and Forensic Pathology, including death, toxicology, and poison-control data provided in 2026.

[7] Global Kratom Coalition analysis of North Dakota HHS public records, North Dakota Cited 50 Kratom-Associated Deaths. Its Own Records Narrow That to 2 Suspected Mitragynine-Only Cases (2026).

[8] North Dakota Health and Human Services, HHS Recognizes International Overdose Awareness Day with Shared Commitment to Healing, Hope and Prevention (2025): 497 overdose deaths from 2021-2024, including 106 in 2024.

[9] North Dakota Health and Human Services, HHS Recognizes Poison Prevention Week (March 18, 2026): more than 5,800 Poison Help calls from North Dakota residents in 2025; more than 70% of callers received the assistance they needed without a visit to a health-care professional or hospital.