

## Ohio Board of Pharmacy

### Common Sense Initiative Public Comment

#### Proposed Rule 4729:9-1-01.1: Mitragynine-Related Compounds

January 28, 2026

As a consumer advocacy group that fights for lifestyle freedom, innovative technologies, and smart policy, we appreciate the Ohio Board of Pharmacy convening this public comment period to consider the proposed classification of mitragynine-related compounds as Schedule I controlled substances.

Specific to our comment today, we take [great concern](#) with the proposal to schedule kratom derivatives as Schedule I substances, specifically 7-hydroxymitragynine (7-OH), mitragynine, and related compounds. Knowing the scientific evidence that has been compiled on these substances, their historic use, and the absence of similar scheduling at the federal level, we believe that harsh scheduling would be inappropriate and contrary to the spirit and intent of state law.

When sections **3719.44** and **3719.41** of the Ohio Revised Code authorized the Board to add substances to Schedule I, the legislature intended for careful consideration of legitimate public health concerns balanced against individual liberty and access to potential therapeutic alternatives.

We can understand that this rulemaking was undertaken due to the rising availability of these substances in smoke shops, gas stations, and convenience stores, where there has been no legal regime for labeling, dosage, or age restrictions. This is an issue for public health.

We believe that the better and more appropriate path, however, would be to consider these substances, if necessary, at a lower scheduling level or as regulated substances within a state regulatory framework—similar to what has been proposed in Ohio Senate Bill 299 and House Bill 587, or the approach taken by other states, which once banned kratom but have reversed course this year and introduced strict regulatory standards.

The compound 7-hydroxymitragynine (7-OH) is a natural metabolite of the kratom plant, traditionally used in Southeast Asia for its stimulant and [pain-relieving](#) effects. Users report these substances alleviate chronic pain, anxiety, PTSD, and opioid withdrawal, with its potency surpassing mitragynine, the plant's primary alkaloid. Because these chemicals target the same [brain receptors](#) as opiates, many users take up these products as they aim to recover from opioid addictions. Researchers have also begun [investigating](#) whether kratom and its derivatives are helpful in alcohol withdrawal and recovery.

As detailed by [studies](#) in scientific journals and reports, these products are much more affordable than traditional prescription opioids, reportedly offering pain management over several days with smaller doses.

Among researchers, there is a [general consensus](#) that these compounds have some medical application that would warrant further study. One guide for healthcare providers published in the journal *Frontiers in Pharmacology* concludes that “use of kratom as an effective substitute is supported by preclinical research, which is of particular interest in light of the current United States opioid crisis of rising dependence rates, emergency room visits, and overdose deaths.”

If we want to better regulate and control kratom, 7-OH, plus all the derivatives and alkaloids showing up on shelves in various forms, we need clear and effective rules regulating dosage, labeling, and age-gating sales to minors. That will protect families. Scheduling this substance harshly, however, does none of these things.

The path of prohibition, currently the only offer by Ohio state officials, has failed us countless times before, and we're still living with the consequences. Targeted regulation on these compounds and products will protect consumers now and tomorrow. Prohibition has a tendency to mislead regulators into thinking an issue has been settled, and it causes a lot of harm.

The correct answer is tough and enforceable regulations to keep consumers safe, age-restrictions to keep it away from children, and a governance framework that avoids needlessly criminalizing Ohioans and creating incentives for illicit trade while giving researchers the path to better understanding it.

After decades of a punitive and societally destructive war on drugs on cannabis and other substances, are we prepared to repeat the same experiment again on 7-OH and other kratom products? Outright bans don't magically eliminate use, but rather, they drive it underground. Banning kratom entirely won't fix it. It will only create a black market where safety is nonexistent and no one checks for ID. There is no scenario where this makes Ohio families safer.

As such, we do not believe that scheduling kratom derivatives and 7-OH as Schedule I controlled substances under the harshest restrictions in state law is appropriate under Ohio law nor under emergency declaration.

Establishing a regulated framework for kratom and its metabolites—purity testing, transparent labeling, dosage standards, and more—would have the greatest impact. Encouraging clinical research into therapeutic, medical, and recovery uses as well. Lastly, implementing age restrictions and consumer education rather than criminal penalties would be a more prudent path.

Thank you for your time and consideration on this matter.

Respectfully,

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