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April 15, 2026

Dear Chair and Members of the Committee on Government Operations,

We write on behalf of the Michigan Society of Addiction Medicine (MiSAM), a professional organization representing addiction medicine physicians practicing across the state of Michigan. Our members work in emergency departments, primary care clinics, hospitals, and specialty addiction treatment programs, and we care for individuals who use kratom and kratom derived products on a daily basis.

As physicians, we share concerns regarding the harms associated with an unregulated kratom market. We have treated patients who experienced adverse effects related to product contamination, inaccurate labeling, and the availability of highly potent kratom extracts. These experiences underscore the need for thoughtful, evidence informed regulatory oversight to protect public health.

For these reasons, MiSAM supports a regulated, patient centered approach to kratom policy, as proposed in the Kratom Consumer Protection Act (House Bill 4969). In contrast, we have concerns regarding House Bill 5537, which would impose an outright ban on kratom and criminalize gifting, selling, importing or distributing kratom or any synthetic variant of kratom. While we are open to a retail sales ban of 7 Hydroxymitragynine (7-OH), we do not support efforts to ban all kratom products and criminalize possession.

Distinguishing Botanical Kratom From 7 Hydroxymitragynine:

While we do not support the use of botanical kratom as a non-FDA approved product, there is emerging scientific evidence that increasingly demonstrates that not all kratom related products carry the same level of risk. Recent research highlights a critical distinction between traditional botanical kratom (leaf preparations containing primarily mitragynine) and concentrated or synthetic formulations containing high levels of 7 hydroxymitragynine (7 OH).

A comprehensive 2025 review by Alsbrook et al. describes how 7-hydroxymitragynine, a minor naturally occurring alkaloid in botanical kratom has been synthesized into a concentrated product with substantially greater potency and risk for harm. The authors note that the public health threat associated with kratom has disproportionately emerged alongside the commercialization of these high potency synthetic analogs, rather than from traditional leaf use itself (Alsbrook et al., 2025).

Similarly, data published in 2025 by Zuarth Gonzalez et al. demonstrate that 7-hydroxymitragynine produces dose dependent respiratory depression in animal models, whereas mitragynine—the dominant alkaloid in kratom leaf—exhibits a substantially wider safety margin. These findings suggest that 7-OH carries a materially higher risk of opioid-like respiratory toxicity, while whole leaf kratom appears to pose less severe respiratory risk when compared at relevant doses (Zuarth Gonzalez et al., 2025).

Importantly, current evidence continues to indicate that serious harm, overdose, and fatalities are far more commonly associated with high potency extracts, adulterated products, or polysubstance exposure, rather than with unadulterated kratom leaf alone. This distinction is essential for crafting policy that meaningfully reduces harm rather than inadvertently exacerbating it.

Why Regulation Is Preferable to Prohibition:

MiSAM believes that HB 4969 represents a more evidence-informed and patient-centered response to kratom-related risks than an outright ban. Key provisions of the bill—including age restrictions, accurate labeling requirements, limits on high potency alkaloids such as 7-hydroxymitragynine, prohibitions on synthetic variants, and mandatory third-party testing—directly address the primary sources of harm identified in the medical and scientific literature.

From a public health perspective, regulation allows the State of Michigan to:

- Reduce consumer exposure to contaminated or adulterated products
- Restrict or eliminate high potency 7-hydroxymitragynine products that carry disproportionate risk
- Improve transparency so consumers understand potency, risks, and dependence potential
- Maintain oversight and quality control rather than driving production and sales into illicit markets

While kratom is not FDA approved as a drug or dietary supplement, prohibition alone does not eliminate use. Regulation provides a safer and more pragmatic pathway that acknowledges real-world consumption while prioritizing harm reduction.

We are concerned that HB 5537's proposed ban could result in significant unintended consequences, particularly for individuals who are physically dependent on kratom.

Abrupt criminalization may:

- Precipitate acute withdrawal syndromes without proper access to treatment
- Drive individuals to self-manage withdrawal using higher risk substances, including illicit opioids, fentanyl, alcohol, or benzodiazepines
- Increase emergency department utilization, relapse risk, overdose risk and healthcare costs
- Shift kratom sales into unregulated illicit markets, where potency, contamination, and violence are more likely

As addiction medicine physicians, we have repeatedly observed that sudden bans enacted without a treatment or transition framework often worsen health outcomes rather than improve them. Criminalization does not treat substance use disorder and frequently compounds harm (Volkow 2021).

MiSAM urges the Legislature to adopt policies that differentiate between lower risk botanical kratom products and higher risk 7 hydroxymitragynine formulations, and that prioritize regulation, consumer protection, and public health over punitive approaches. We believe that HB 4969 more effectively aligns with these goals than criminal prohibition.

Thank you for your consideration and for your commitment to protecting the health of Michigan residents. We appreciate the opportunity to provide the perspective of addiction medicine physicians and would welcome ongoing dialogue as these bills are considered.

Respectfully submitted,



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President, Michigan Society of Addiction Medicine

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#### References

1. Alsbrook S, Pro G, Koturbash I. From kratom to 7 hydroxymitragynine: evolution of a natural remedy into a public health threat. *Pharmaceutical Biology*. 2025;63(1):896-911.
2. Zuarth Gonzalez JD, Ragsdale AK, Mukhopadhyay S, et al. Mitragynine and 7 hydroxymitragynine: Bidirectional effects on breathing in rats. *Journal of Pharmacology and Experimental Therapeutics*. 2025;392(11):103720.
3. Volkow ND. Addiction should be treated, not penalized. *Health Affairs Forefront*. 2021. DOI: 10.1377/forefront.20210421.168499.