Good afternoon,

I am submitting the attached materials for your review regarding kratom and its primary active alkaloid, mitragynine, in connection with Ordinance File No. 251028.

I do so as a parent who lost a child to kratom toxicity.

My son, Austin, died following use of kratom leaf products containing mitragynine. His toxicology did not identify illicit opioids, synthetic analogs, or alkaloid-concentrated formulations. His death was ruled consistent with kratom toxicity. His use was not prolonged or extreme. This outcome underscores the inherent and unpredictable risk posed by kratom products that are marketed as "natural" and sold without medical oversight.

I am submitting the attached materials to assist the Committee's evaluation of kratom from a public-health standpoint, with particular emphasis on real-world user harm, dependence, withdrawal, and mortality.

At the outset, it is important to clarify that the attached materials do not include any evidence related to 7-hydroxymitragynine (7-OH) or synthetic alkaloids. All documented harms reflected in the Executive Brief and Exhibits A–H involve kratom leaf, powder, or mitragynine-only exposure. Many of the documented cases predate the commercial emergence of 7-OH products entirely, demonstrating that the harms described arise from kratom products long marketed as "traditional," "natural," or "safe."

Attached are two documents:

1. Executive Brief — A consolidated summary outlining documented kratom-related harms, including addiction, withdrawal severity, medical intervention, relapse dynamics, and mortality. The brief also addresses the historical timing of these harms and explains why regulation does not mitigate the underlying pharmacological risks.
2. Exhibits A–H — Curated, first-person accounts drawn directly from kratom-specific recovery communities (Reddit and Facebook). These exhibits demonstrate consistent and repeating patterns of addiction, withdrawal, medical distress, and treatment-seeking behavior associated with kratom powder, leaf, and mitragynine-only use.

These materials are not presented as isolated anecdotes. Collectively, they reflect a persistent and repeating harm profile reported by users themselves over many years, independent of advocacy framing or industry influence.

I would also respectfully caution the Committee against the premise that banning only 7-hydroxymitragynine while regulating so-called "natural" kratom leaf constitutes a public-safety solution. Regulation does not change pharmacology. It does not change potency, addiction risk, or withdrawal

severity. An unapproved, opioid-like substance does not become safe because it is regulated or restricted to individuals over twenty-one. Targeting a single alkaloid reflects an industry workaround — not a health-protective policy — and leaves intact the very pathways that have already caused documented harm and death.

Kansas City is not required to adopt the weakest available standard when public safety is at stake.

I respectfully request that this submission and the attached materials be formally entered into the official record for Ordinance File No. 251028 and considered during the Committee's continued deliberations and any subsequent votes.

Thank you for your time and consideration. I am available should additional clarification be helpful.

Respectfully,

Dan Gibbs

Below are the attachments to Public Testimony Email

User Reported Evidence of Kratom Dependence, Withdrawal, and Public Health Risk
Mitragynine-Dominant Products | 7-hydroxymitragynine (7-OH-mitragynine) Products Excluded

Why This Matters

Kratom products are widely marketed and perceived as natural, benign, or comparable to common stimulants or herbal supplements. However, a substantial number of users report discovering dependence, withdrawal, and functional impairment only after attempting to reduce or discontinue use. These harms are often not anticipated at initiation and emerge progressively over time, creating a delayed risk profile with clear public health relevance.

Data Sources and Credibility

The evidence summarized in this brief is drawn exclusively from kratom-specific recovery communities, including long-running, independently moderated forums in which users voluntarily document adverse experiences associated with kratom use. These accounts are not affiliated with industry, advocacy organizations, or regulatory bodies. They represent unsolicited, first-person reports describing real-world use patterns, health consequences, and efforts to discontinue use.

Context Regarding Dates of Exhibits and Product Form

Many of the exhibits included in this submission are dated several years prior to the emergence and widespread availability of high-potency 7-hydroxymitragynine (7-OH-mitragynine) products, enhanced formulations, or modern extract concentrates. This timing is significant.

The harms documented in these exhibits, including dependence, withdrawal, functional impairment,

and medical distress, arose from the use of kratom leaf and powder containing naturally occurring mitragynine alone. These effects were reported well before current market practices involving alkaloid isolation, concentration, or synthetic enhancement.

Accordingly, the exhibits demonstrate that clinically significant harm associated with kratom use is not a recent phenomenon attributable to modern product manipulation or adulteration. Rather, they reflect a longstanding and reproducible pattern of harm associated with mitragynine-containing kratom products themselves, including products marketed as natural, traditional, or unprocessed.

Consistent User Reported Findings

Across multiple years and independent accounts, users consistently report daily or near-daily dosing, dose escalation over time, development of tolerance, and acute as well as protracted withdrawal symptoms upon cessation. Reported effects include insomnia, anxiety, restlessness, gastrointestinal distress, autonomic symptoms, cognitive impairment, emotional dysregulation, and significant interference with occupational, familial, and social functioning. Many users describe seeking medical care, emergency treatment, or formal substance use support specifically to discontinue kratom.

Alignment With the DEA Eight-Factor Analysis

The accompanying exhibits and documentation align with multiple components of the Drug Enforcement Administration Eight-Factor Analysis, particularly those addressing patterns of abuse, scope and significance of abuse, risk to public health, and the development of psychological and physiological dependence. This submission does not attempt to independently establish pharmacological mechanisms or comprehensive scientific consensus.

Instead, it provides direct, contemporaneous accounts of user experience that are appropriately considered in regulatory and scheduling evaluations, especially when assessing real-world harm signals and dependence liability in the absence of complete clinical data.

Conclusion

Taken together, this record demonstrates that mitragynine-dominant kratom products have produced persistent and reproducible patterns of dependence, withdrawal, and functional impairment among users, independent of later market developments involving 7-hydroxymitragynine (7-OH-mitragynine) concentration or enhancement. These findings present a meaningful public health concern consistent with the DEA Eight-Factor Analysis and warrant careful consideration in ongoing regulatory, rulemaking, and enforcement evaluations.

Exhibits A-H: Kratom User Harm Evidence

All exhibits consist of first-person accounts involving kratom leaf, powder, or capsules only. No exhibits

involve 7-hydroxymitragynine (7-OH) or alkaloid-concentrated extract products. Several posts predate the commercial emergence of 7-OH products.