

A public health emergency hiding in plain sight

Kratom is the plant. Mitragynine is its dominant alkaloid, and the body converts part of it to 7-OH — an opioid many times more potent than morphine. Most of what Texas gas stations sell delivers that compound directly, at concentrations the leaf never reaches, under a statute the state has never once enforced.

We ask the Legislature to schedule kratom and its derivatives as controlled substances and get these products off Texas shelves — and we offer a ready partner to build public awareness alongside that effort. A markup draft, “Jonas’s Law,” is ready for sponsor review.

THE CHEMISTRY — AND WHY A LEAF LINE FAILS

7-hydroxymitragynine (7-OH) occurs in the natural leaf only in trace amounts, roughly 0.01% of dry weight. But the body also makes it: the liver enzyme CYP3A4 converts mitragynine into 7-OH, and human studies of dried leaf powder measure plasma 7-OH at roughly 15 to 30 percent of mitragynine levels. Leaf and concentrate are not unrelated substances. They sit on the same pharmacological continuum.

Most of the products flooding gas stations and smoke shops skip the conversion entirely: concentrated and semi-synthetic 7-OH and its derivatives, manufactured to purities up to 98% and sold as tablets, gummies, vapes, and “energy” shots. 7-OH binds the same mu-opioid receptors as morphine and fentanyl and kills the same way, by suppressing breathing. Naloxone can reverse it, but the margin is thin for young, opioid-naïve users and thinner still with alcohol.

A trace compound in nature — engineered to extremes in the package

Share of 7-OH: natural leaf vs. the Texas legal cap vs. products on the shelf



Sources: FDA, *7-OH: An Assessment of the Scientific Data* (2025) — natural leaf ~0.01% dry weight, purity up to 98%. Texas cap: Health and Safety Code Sec. 445.003. Texas AG’s Feb. 2026 suit v. Smokey’s Paradise alleged ~96% 7-OH. Bars illustrate relative magnitude, not a linear scale.

A family of compounds — each stronger than morphine

Relative potency at the mu-opioid receptor (morphine = reference)



Source: Oklahoma Office of the Chief Medical Examiner, Forensic Toxicology Public Alert (May 2026). Mitragynine is less potent than morphine on its own, but converts in the body to 7-OH. The concentrated and synthetic forms deliver 7-OH directly.

WHY THIS IS AN EMERGENCY NOW

1,200%

RISE IN U.S. KRATOM
POISON-CENTER REPORTS,
2015–2025¹

79%

OF KRATOM-ASSOCIATED
DEATHS INVOLVED MULTIPLE
SUBSTANCES¹

+79%

TEXAS POISON-CENTER
EXPOSURES, 2024 TO 2025
(107 → 192)²

Reports to U.S. poison centers climbed roughly twelvefold over the last decade, and CDC ties the record surge in 2025 directly to the emergence of high-potency, semi-synthetic 7-OH products — the very products this bill targets. Reports skew heavily toward young adult men. The 2025 Texas figure includes 19 concentrated-7-OH exposures and 11 serious cases, and understates true incidence.

The blind spot that hides the crisis: 7-OH is not on standard overdose or postmortem toxicology panels. A medical examiner finds it only when someone asks them to look — as Jonas’s family had to. Deaths and emergency visits are therefore systematically undercounted. A death-inquest test costs about \$250 in Dallas County. The data gap, not the cost, is the barrier.

Jonas

Jonas Heath was an Austin teenager — an all-state trumpet player, a mountain biker, a son. On April 29, 2026, he died after taking a 7-OH product with alcohol. His toxicology report named three compounds: 7-OH, MGM-15, and mitragynine. Until that day, his family had never heard of any of them — most families haven’t, until it’s in a report.

Of those three compounds, only MGM-15 is a controlled substance in the United States today. Rae Heath, Jonas’s mother, will share his story.

FEDERAL ACTION — AND THE GAP IT LEAVES

July 2025

FDA recommended that DEA schedule concentrated 7-OH and issued warning letters to seven manufacturers.

July 6, 2026

DEA published two Notices of Intent (Docket DEA-1570): one covering 7-OH above a 0.05% / 1 mg-per-article threshold, one covering three synthetic derivatives.

Aug. 26, 2026

A temporary Schedule I order took effect for **three synthetic derivatives only** — mitragynine pseudoindoxyl, MGM-15, and MGM-16. It runs through Aug. 26, 2028, with one possible one-year extension.

Sept. 10, 2026

Reopened federal comment period on the 7-OH threshold closes (Docket HHS-OASH-2026-0232). **No order covering 7-OH itself has issued.**

The gap: three lab-made derivatives are now federally controlled. The concentrated 7-OH tablets, gummies, and shots actually sitting on Texas shelves are not. Packaging does not distinguish between the two.

And if the 7-OH order does issue, it is **temporary** — two years, one possible one-year extension, a hard three-year ceiling. It creates no Texas criminal penalty, no Texas inspection authority, and no Texas data. Only the Legislature can build a permanent, enforceable Texas framework — and fund it.

WHAT WE ASK OF THE LEGISLATURE

“Jonas’s Law” is drafted in legislative-counsel style and ready for sponsor review. It treats kratom and its derivatives as controlled substances rather than as a regulated consumer product, with no carve-out for natural leaf. Effective September 1, 2027 as drafted.

- 1. Create a new Penalty Group 1-C** in the Controlled Substances Act — a dedicated group, using the same drafting technique Texas used for fentanyl’s Penalty Group 1-B, so manufacture and possession can be graded separately. It covers kratom itself, mitragynine and 7-OH in any form, synthetic kratom compounds, and kratom analogs. Manufacture or delivery is a felony. Possession is graded as a misdemeanor at low quantities, so young people aren’t branded felons.
- 2. Measure penalties in abuse units, not weight.** A dose is a dose. The weight of a vape apparatus, gummy, beverage carrier, or packaging is expressly excluded, so a single vape pen or one bottled tonic cannot be pushed into a felony by the weight of the device. Bulk material converts on a fixed equivalency — two grams of leaf material, or 10 milligrams of any other covered substance, per unit.
- 3. Close the analog loophole.** The analog definition reaches semi-synthetic forms, isomers, esters, ethers and salts, substances that convert in the body to 7-OH, and anything designed to act on the opioid receptor system, so a relabeled molecule can’t evade the law. It names mitragynine pseudoindoxyl, MGM-15, and MGM-16 expressly, and gives DSHS emergency authority to designate new analogs between sessions.
- 4. Repeal the industry-drafted statute and give the state real tools.** The Kratom Consumer Health and Safety Protection Act (Chapter 445) is repealed in full and folded into the Controlled Substances Act. In its place: injunction authority for the Attorney General and local prosecutors, DSHS embargo authority modeled on the food and drug statute, civil penalties up to \$25,000 per violation, and forfeiture. Chapter 445’s answer was a \$250 fine.
- 5. Build the evidence base.** Mandatory toxicology testing for mitragynine, 7-OH, and kratom analogs in suspected overdose death investigations; physician and hospital overdose reporting extended to the new penalty group; and a “Kratom Poisoning” death-certificate designation modeled directly on Texas’s fentanyl statute (H.B. 6, 88R). An express exception lets forensic, medical examiner, and research labs hold the reference standards that testing requires.

Fiscal note, in plain terms: the toxicology mandate is estimated at roughly \$250 per test for approximately 5,000 tests per year — about \$1.25 million per year in General Revenue to DSHS. Because the draft removes the permit and tax scheme entirely, this is a direct appropriation item rather than program revenue. It is the smallest line in the bill and the one that ends the undercounting.

WHY CURRENT TEXAS LAW FAILS

Texas already has a kratom statute — Health and Safety Code Chapter 445, enacted as S.B. 497 in 2023. It caps 7-OH at 2%, bans synthetics, and sets an age limit. But it was drafted largely by the kratom industry, and no enforcement action has ever been brought under it. A first violation draws a \$250 fine, with no inspection authority and no permit at risk. It reads as a law written to preempt stronger regulation, not to impose it. S.B. 1868 (Perry/West, 89R) was the right instinct and passed the Senate before stalling in the House. The current draft goes further, on the judgment that a framework the state has never once enforced is not the right foundation for the 90th.

The bottom line. Texas families are losing young people to a synthetic opioid that is legal, cheap, and marketed like candy — while the data that would prove the scale of it goes uncollected. Federal authorities have now named the threat and controlled three of its derivatives, but left the products actually on Texas shelves untouched. The Legislature can close that gap permanently, and we offer a committed, capable partner to carry the message to the public.

WHAT WE OFFER

- **A public awareness and ad campaign.** Marketing executives on our team are ready to launch education targeting the highest-risk group — young men — and the parents around them.
- **Billboards and paid media** across Texas markets, warning that these “gas station” products are synthetic opioids.
- **A growing family network.** We welcome introductions to other affected families and will steward those relationships with care.
- **Data, clinical expertise, and testimony** — an epidemiologist, an addiction RN, a board-certified anesthesiologist, and survivor voices, on call for hearings.

ANTICIPATING THE OPPOSITION

Expect organized opposition from the American Kratom Association, retailer associations, and consumer-choice groups, arguing that regulation is enough and a ban harms small business and adult consumers.

- The AKA supported federal scheduling of high-potency 7-OH and has told state officials that chemically manipulated 7-OH is not kratom. Because this bill also reaches natural leaf, we should expect them to oppose it rather than support it, on the position that leaf and concentrate are different products.
- Our answer: Texas already tried the two-tier approach. Chapter 445 set a 2% cap and banned synthetics, and has produced no enforcement action in three years while product testing at roughly 96% sold openly. A threshold the state does not enforce is not a regulation.
- The strongest tools in the bill — injunction, embargo, civil penalty, forfeiture — run against manufacturers, distributors, and retailers. The concentrated supply chain is largely out-of-state, undercutting the “local small business” frame.
- Packaging does not reliably tell a consumer, a parent, or a retailer which category a product falls into — which is why a concentration line has failed in practice.
- Texas would not be first. Kratom is already prohibited in six states, and North Dakota acted by executive order in August 2026.

1. Towers EB, et al. Increases in Kratom-Related Reports to Poison Centers — National Poison Data System, United States, 2015–2025. *MMWR* 2026;75(11):139–145. 2. Texas Poison Center Network (2024–2025). Metabolism and plasma ratios: Kruegel et al., *ACS Cent. Sci.* (2019); Huestis et al., human PK after dried kratom leaf powder (2024). Also: FDA, 7-OH: *An Assessment of the Scientific Data* (2025); DEA temporary scheduling order (Aug. 26, 2026) and Notices of Intent, 91 Fed. Reg. 40909, 40917 (July 6, 2026); Oklahoma OCME Forensic Toxicology Public Alert (May 2026).