



## CITY OF WASHINGTON, ILLINOIS Committee of the Whole Agenda Communication

**Meeting Date:** March 9, 2026

**Prepared By:** Police Chief Jeff Stevens

**Agenda Item:** Kratom Ban Ordinance Discussion

### **Explanation:**

The Department requests City Council direction on whether Washington should regulate, restrict, or prohibit the retail sale of kratom and related emerging intoxicating products (including 7-OH products and certain “gas-station” intoxicants), and to what extent. Based on Council direction, staff will return with a draft ordinance focused on amendments to Chapter 38, Article X (Controlled Substances), and/or complementary business licensing provisions.

### **Background:**

A Tazewell County Health Department multi-community scan conducted Nov 2025–Jan 2026 reported that products of interest, including kratom, 7-hydroxymitragynine (7-OH) products, Delta-8/THC-infused products, whip its, and certain “dietary supplement” or “herbal supplement” intoxicants such as phenibut and tianeptine, are being sold throughout the surveyed communities, with THC-infused products and kratom among the most prevalent. The scan included Washington among the visited communities.

Other Illinois municipalities have adopted varying approaches to control of these products, ranging from age limits and placement restrictions to outright business prohibitions, often paired with clearer definitions that cover kratom alkaloids, synthetically derived analogs, and “novel” psychoactive drugs. The Tazewell County Health Department distributed a sample ordinance used in Kankakee, which focused on abolishing local availability and various central Illinois municipalities have passed a version of this.

While the City might consider regulating natural kratom (the leaf or leaf-based products) differently from synthetic or highly concentrated derivatives such as 7-OH preparations, the legal and practical burden on the government to enforce such rules would make restrictions difficult to apply consistently and may not significantly improve on the status quo, particularly because the products may be unreliably described in packaging or sales material.

If both categories were banned, a person who uses natural kratom would not have that product available locally, which could affect how they manage their drug use or related conditions. No major health authority currently recognizes natural kratom as an approved or medically validated medicine with clearly proven safety and effectiveness. It is widely described as lacking sufficient clinical evidence to support formal approval, and U.S. agencies such as the FDA and DEA have historically stated that kratom has no approved medicinal use in the United States.

From a harm-reduction perspective, however, natural kratom is generally understood to carry different, lower acute risks than synthetic or highly concentrated 7-OH products, which can resemble strong opioids in potency and associated harms, including lethal toxicity. Natural kratom can still produce dependence and serious adverse events, including liver injury, cardiotoxicity, and withdrawal, especially with heavy or daily use. Nevertheless, some traditional cultures use kratom as a folk remedy and some use it to manage opioid dependence, pain, anxiety, or other symptoms, though medical authorities do not formally endorse these uses.

### **Existing Washington Code Context:**

Washington's Chapter 38, Article X already addresses controlled substances and includes prohibitions and penalties related to synthetic alternative drugs and intoxicating compounds, including retailer strict-liability language. The Department's review suggests that some emerging products may not be clearly captured under current definitions without updates (particularly kratom/7-hydroxymitragynine products and certain hemp-derived intoxicating cannabinoids, depending on how they are marketed and formulated). The intent of the existing ordinance, first passed in 2012, squarely falls on the described substances, while the industry continues to seek novel substances or approaches to thwart or avoid existing regulations, resulting in potential ambiguity for novel substances. It is this ambiguity that complicates enforcement.

Also of note in the local regulatory context over several years has been deemphasis of enforcement related to age of sale limitations and closely related restrictions such as alternative drugs. More recently, the Department has completed state-mandated training to again allow for proactive rather than reactive enforcement of age of sale laws. The Department intent is restoration of proactive age restriction enforcement. To be clear, Washington's 2012 ordinance was a ban on these substances, not an age restriction, but the sale of items that retailers claim to be legal, in conjunction with age-restricted smoking products makes the restrictions closely related in an enforcement context. Adjusting ordinance language to meet industry claims merely makes enforcement easier.

### **Proposed State Preemption of Home Rule Regulation:**

Council should be aware that proposed Illinois legislation addressing kratom has included express home-rule preemption language. For example, HB4737 (104th GA) as introduced would state that regulation of the manufacturing, packaging, labeling, distribution, and sale of kratom leaves, extracts, and other products is an exclusive power of the State, and that home rule units may not regulate those areas.

If the General Assembly adopts a kratom framework with preemption as introduced, Washington's ability to regulate certain aspects of kratom sales or to expand regulation would be limited, despite home rule. That said, the bill as introduced is intended to cover at least synthetics related to kratom while regulating natural kratom, so no aspect of the regulatory area would be untouched.

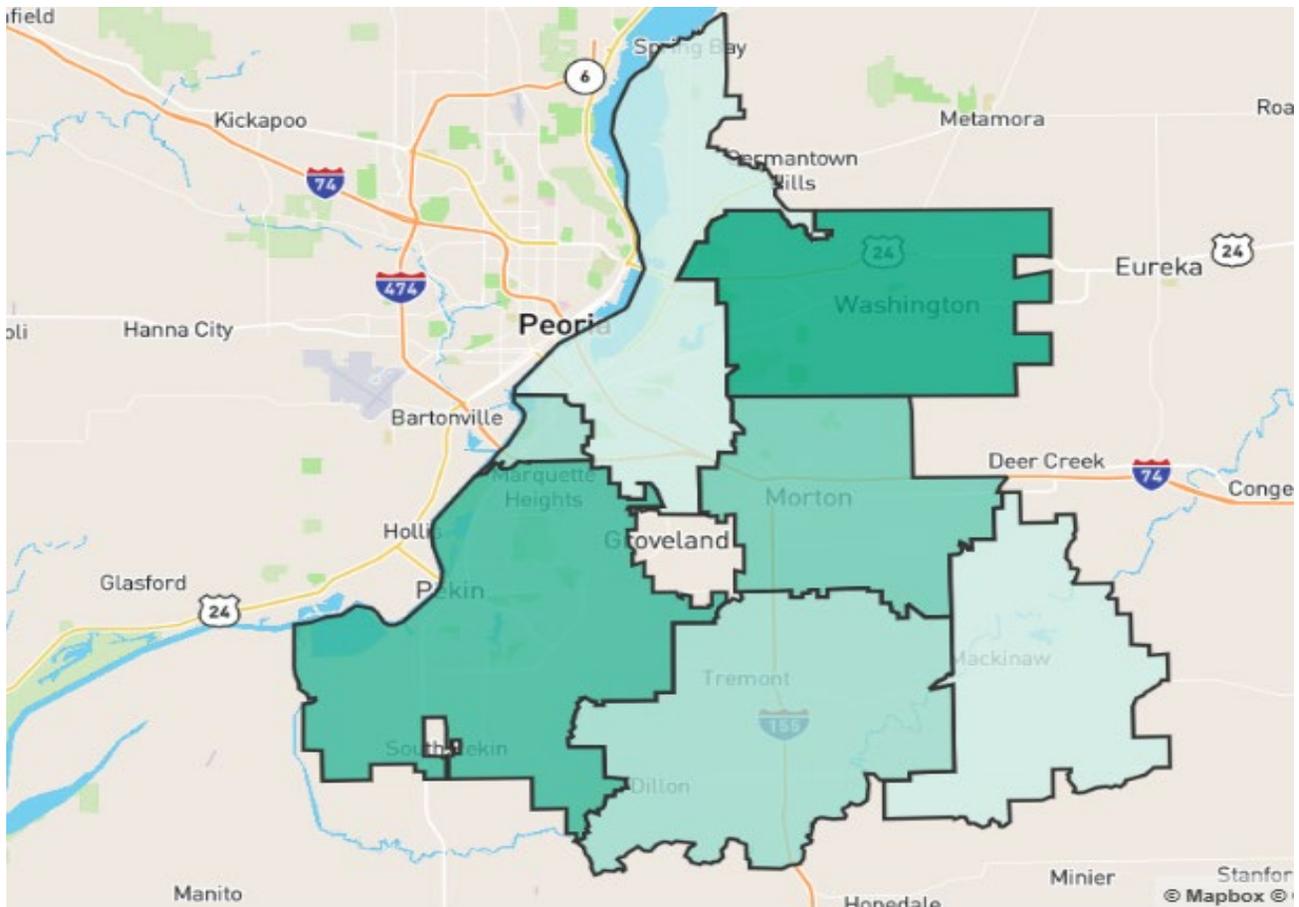
### **Fiscal Impact:**

Minimal for ordinance adjustment, although creation of a licensing scheme would require substantial staff time and some legal expense.

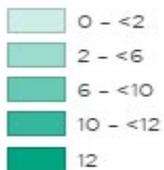
**Action Requested:**

Staff asks that Council select a policy direction first, especially whether the City’s goal is some combination of measures intended toward opening availability through loosened controls, awaiting state action, or, in the opposite direction, emphasizing youth-access reduction, targeted control of high-risk business models such as through licensing, or, bolstering elimination of retail availability.

The intent of the 2012 ordinance and the Tazewell County Health Department’s recommendations are consistent with elimination of retail availability.



**Types of Kratom Products Available**



*Geographic distribution of kratom products (natural, extracts, and synthetic (TCHD))*