



City Council Workshop
Tuesday, July 28, 2026
Richland City Hall ~ Council Chambers
625 Swift Boulevard

City Council Workshop - 6:00 p.m.

Agenda Items

1. Hydro and Industry Update - Northwest RiverPartners (20 minutes)
 - Clint Whitney, Energy Services Director
 - Clark Mather Northwest RiverPartners, Executive Director
2. Multi-Family Housing Tax Exemption (20 minutes)
 - Mike Rizzitiello, Development Services Director
3. Kratom: Background, Federal and State Regulation, and Local Policy Options (30 minutes)
 - Jon Amundson, City Manager

Adjournment

This meeting will be broadcast live on Spectrum Channel 192, on the City's website at richlandwa.gov/CityViewTV and on YouTube at <https://www.youtube.com/@RichlandCityViewTV>.

Richland City Hall is ADA accessible. Requests for sign interpreters, audio equipment, and/or other special services must be received 48 hours prior to the meeting by calling the City Clerk's Office at 509-942-7389.



CITY COUNCIL WORKSHOP AGENDA ITEM STAFF REPORT

Meeting Date: 7/28/2026

Agenda Category: Agenda Items

Prepared By: Clint Whitney, Energy Services Director, Clark Mather Northwest RiverPartners
Executive Director

Subject

Hydro and Industry Update - Northwest RiverPartners (20 minutes)

Department/Office

Document Type

Energy Services

City Council Workshop Agenda Item

Summary

The City of Richland receives 99.5% of its wholesale power from Bonneville Power Administration (BPA), with the remaining portion sourced through a Power Purchase Agreement with Tucci Energy Services for solar energy generated at the Horn Rapids Solar, Storage and Training site (HRSST). BPA's power resources primarily originate from the Columbia Generating Station and 31 multipurpose federal dams located along the Columbia River and its tributaries. These hydroelectric resources comprise BPA's Federal Columbia River Power System (FCRPS).

BPA's power resources allow the City to obtain nearly 90% of its wholesale power from low-cost, reliable baseload and carbon-free resources. To meet the remaining power needs, BPA makes non-specified market purchases. In 2019, City Council approved Resolution No. 84-19 in support of the FCRPS and in opposition to the removal of the Snake River Dams.

NRP educates the public and policymakers about hydropower. They collaborate with utilities, communities, agencies, and tribal entities to support research and analytics, for balanced insights and informed decisions. Representatives from Northwest River Partners (NRP) will provide an update on the Pacific Northwest hydropower system and the Snake River Dams.

Attachments



CITY COUNCIL WORKSHOP AGENDA ITEM STAFF REPORT

Meeting Date: 7/28/2026 Agenda Category: Agenda Items
Prepared By: Mike Rizzitiello, Development Services Director

Subject
Multi-Family Housing Tax Exemption (20 minutes)

Department/Office	Document Type
Development Services	City Council Workshop Agenda Item

Summary
Development Services Director Mike Rizzitiello presented Attainable Housing Strategy options during the [August 26, 2025 City Council workshop](#). One option discussed was the Multifamily Housing Property Tax Exemption (MFTE) is a potential tool to incentivize attainable housing. The MFTE program was established in 1995, was codified in RCW 84.14, and is intended to incentivize residential development in urban centers identified in state law as "residential targeted areas."

The program currently authorizes eight (8), twelve (12), and twenty (20) year property tax exemptions to encourage the development of multifamily housing. Eastern Washington cities that have enacted a MFTE program include; Walla Walla, Othello, College Place, Moses Lake, Ellensburg, Wenatchee, Spokane, and Yakima.

Attachments



CITY COUNCIL WORKSHOP AGENDA ITEM STAFF REPORT

Meeting Date: 7/28/2026

Agenda Category: Agenda Items

Prepared By: Jon Amundson, City Manager

Subject

Kratom: Background, Federal and State Regulation, and Local Policy Options (30 minutes)

Department/Office

Document Type

City Manager

Presentation

Summary

Kratom is an increasingly available substance that has drawn attention from public-health agencies, regulators, and local governments due to concerns regarding product potency, youth access, dependence, and the sale of concentrated or synthetic products.

During the workshop, staff will provide Council with an introductory overview of kratom, including what it is, its reported effects, and how it is currently regulated at the federal and state levels. The presentation will also summarize actions being considered or taken by other Washington jurisdictions and outline potential approaches available to the City of Richland.

The discussion is intended to provide Council with a common understanding of the issue and to identify whether there is interest in additional research or development of a future regulatory proposal.

No formal action is requested at this workshop.

Attachments

1. DEA Kratom Drug & Chemical Evaluation Fact Sheet
2. WA LCB Kratom Resarch Brief

KRATOM (*Mitragyna speciosa*) (Street Names: Thang, Kakuam, Thom, Ketum, Biak)

Introduction:

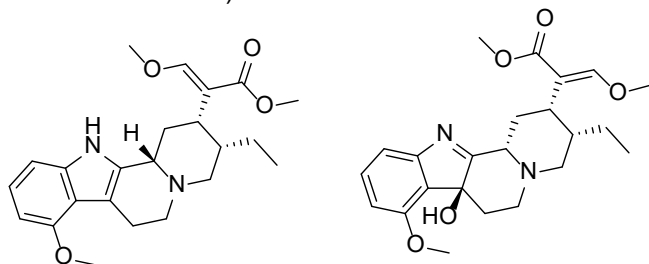
Kratom (*Mitragyna speciosa*) is a tropical tree indigenous to Thailand, Malaysia, Myanmar, and other areas of Southeast Asia. Kratom is in the same family as the coffee tree (*Rubiaceae*). The tree reaches height of 50 feet with a spread of over 15 feet. Kratom has been used by natives of Thailand and other regions of Southeast Asia as an herbal drug for centuries. Traditionally, kratom was used as a stimulant by Thai and Malaysian laborers and farmers to overcome the burdens of hard work. Kratom was also used to substitute for opium when opium was not available. It has also been used to manage opioid withdrawal symptoms by chronic opioid users.

Licit Uses:

Kratom has no legitimate medical use in the United States.

Chemistry:

Kratom's chemistry centers on a unique class of indole alkaloids. At least 54 alkaloids have been isolated in kratom. The alkaloid content varies significantly based on factors like plant strain and maturity, leading to variations in the chemical profile of different kratom products. Among the diverse alkaloids present in kratom, mitragynine (the most abundant alkaloid- about 66% of total alkaloid content) and 7-hydroxymitragynine (minor alkaloid, <2% of total alkaloid content) are the most studied alkaloids.



Mitragynine

7-Hydroxymitragynine

Pharmacology:

Available preclinical data show that both mitragynine and 7-hydroxymitragynine, similar to morphine, produce analgesia that can be attenuated by naloxone. Further, mitragynine and 7-hydroxymitragynine fully substitute for morphine in a drug discrimination study, an animal experimental model to access shared pharmacological properties and subjective effects. At low doses, kratom produces stimulant effects, with users reporting increased alertness, physical energy, talkativeness, and sociable behavior. At high doses, kratom's opioid effects include sedation and euphoria. Effects occur within 5 to 10 minutes after ingestion and last for 2 to 5 hours. Acute side effects include nausea, itching, sweating, dry mouth, constipation, increased urination, and loss of appetite.

Kratom consumption can lead to addiction. There have been reports of kratom withdrawal among chronic users. Long-term use of kratom produced anorexia, weight loss, insomnia, skin darkening, dry mouth, frequent urination, hepatotoxicity, and

constipation. Furthermore, several cases of kratom psychosis have been observed, during which kratom addicts exhibited psychotic symptoms that included hallucinations, delusion, and confusion. In the United States, the use of kratom has been associated with cases of overdose and fatalities.

Illicit Uses:

In recent years, kratom and kratom-based products have increased in popularity on the recreational drug market. Kratom is mainly abused orally as tea or by chewing its leaves. Kratom is commonly used as an alternative to prescription opioids, self-treatment of opioid use disorder, or other substance use disorder, including withdrawal.

America's Poison Centers' 2023 annual report indicates that kratom accounted for 1,489 case mentions, 880 single exposures, 671 cases that involved treatment in a healthcare facility, and 5 deaths. According to data from the Food and Drug Administration's Adverse Event Reporting System, kratom (herbal/mitragynine and 7-hydroxymitragynine) was co-involved in 1,486 cases from 2008 to 2025. Of those cases, 1,387 cases were classified as serious and 715 cases involved death.

Other countries are reporting emerging trends in the use of kratom. In the United Kingdom, kratom is promoted as an "herbal speedball." In Malaysia, kratom (known as ketum) juice preparations are illegally available.

Illicit Distribution:

DEA's National Forensic Laboratory Information System (NFLIS) Drug database collects scientifically verified data on drug items and cases submitted to and analyzed by federal, state, and local forensic drug laboratories. NFLIS-Drug has received over 4,000 reports of mitragynine since it was first reported in 2010. The annual number of mitragynine reports peaked in 2018 at 609 and has steadily decreased since then to 369 in 2020, 360 in 2021, 292 in 2022, 269 in 2023, and 261 in 2024. NFLIS-Drug received the first 4 reports of 7-hydroxymitragynine in 2025 (data still pending).

Kratom is widely available on the Internet and is also sold in ethnobotanical retail stores; numerous vendors within and outside of the United States sell kratom and promote it as a legal psychoactive product. On the Internet, kratom forms available include leaves (whole or crushed), powder, extract, encapsulated powder, and extract resin "pies" (40-gram pellets made from reduced extract). Seeds and whole trees are also available through some online vendors, suggesting the possibility of domestic cultivation.

Control Status:

Kratom is not a controlled substance or listed chemical under the Controlled Substances Act.

Comments and additional information are welcomed by the Drug and Chemical Evaluation Section; Fax 571-362-4250, Telephone 571-362-3249, or Email DPE@dea.gov.



Kratom

Sarah A. Okey, PhD, Tyler D. Watson, PhD, MPH, and Nicholas C. Glodosky, PhD

Purpose Statement

The Research Program received a request from LCB leadership to examine the scientific literature and current regulations on kratom in response to recent legislative discussions.

This brief was written by the LCB Research Program and is based on a review of existing evidence including scientific literature, government reports, regulations and policies, and other credible information sources. Subject matter experts from LCB and other organizations provided review and feedback.

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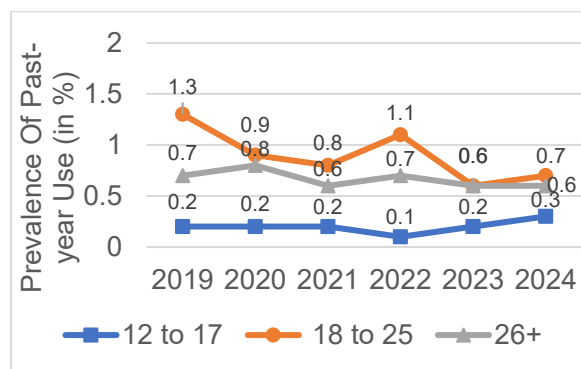
Background

Kratom is a tree-like plant indigenous to Southeast Asia.¹⁻³ For centuries, the leaves of this plant have been consumed by the people in this region, often as a brewed tea, and used for various medicinal purposes, such as treating cough, fever, fatigue, and pain.² There are two main psychoactive ingredients in kratom: mitragynine and 7-hydroxymitragynine (7-OH), which is more potent.¹⁻³ At lower doses, the psychoactive ingredients found in kratom produce stimulant-like effects.³ In higher doses, it can produce sedative and analgesic effects.³

Kratom Use in the United States (U.S.)

The number of people in the U.S. who have used kratom in the past year is low. Two large national surveys, including the National Survey of Drug Use and Health (NSDUH), reported the prevalence of past-year kratom use to be less than 1%.⁴⁻⁶ Another smaller survey estimated past-year kratom use to be 4%.⁴ Studies show that use is highest among 18- to 25-year-olds (Figure 1).⁶⁻⁸

*Figure 1. NSDUH Estimates on U.S. Rates of Kratom Use by Age Group.*⁶⁻⁸



Kratom use in Washington State is not as well understood but reports from local health professionals suggest kratom use is also relatively low.⁹ More systematic research is needed to accurately measure how common kratom is in Washington.

Reasons for Use

In the U.S., kratom is used for both medical and non-medical purposes. A recent study found the most commonly endorsed reason for kratom use was “just to feel less crappy in general and improve quality of life” followed by managing anxiety symptoms, increasing energy, relieving pain, and for recreation/fun.¹⁰ Individuals with a substance use disorder, particularly opioid use disorder, frequently claim it is helpful for withdrawal management.¹⁰⁻¹¹ Evidence from preclinical and observational studies on the therapeutic potential of kratom are generally supportive, however more research on this topic is needed.¹²

Adverse Outcomes

There are several potential negative short- and long-term consequences related to kratom use. The most common short-term negative effects include nausea, vomiting, constipation, other stomach issues, and drowsiness.¹³ In Washington, poison center calls for acute kratom-related cases have increased over time but remain low (Figure 2).¹⁴ In 2025, the Washington Poison Center received calls specifically related to 7-OH for the first time, which accounted for approximately 25% of all kratom-related exposures (Figure 3).¹⁴

*Figure 2. Annual Kratom-Related Washington Poison Center Exposures.*¹⁴

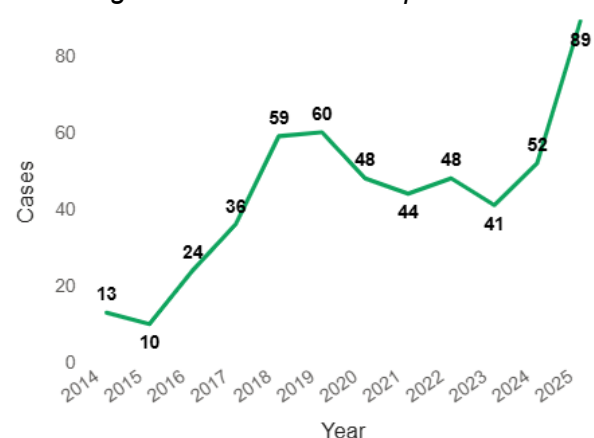
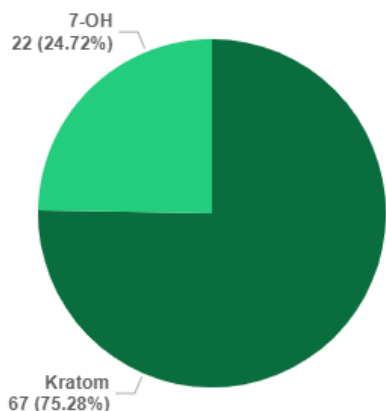


Figure 3. 7-OH Relative to All Kratom-Related Exposures in Washington, 2025.¹⁴



Kratom use disorder (KUD) is a potential long-term adverse outcome and involves continued use despite negative effects on overall health and wellbeing.¹⁵ Common symptoms of KUD include tolerance, withdrawal, and cravings.¹⁵ In a recent study, about 25% of respondents who regularly used kratom met criteria for KUD.¹⁵ In that study, those with KUD were more likely to be male, younger in age, use kratom frequently, and also have other psychiatric and substance use disorders.¹⁶

Kratom has also been detected in overdose deaths. In Washington, the first overdose deaths where kratom was detected occurred in 2013.⁹ In 2022, kratom was detected in 36 overdose deaths, which is about 1% of all overdose and drug-related deaths in Washington.⁹ However, most of these deaths (89%) also involved at least one other substance.⁹

Harmful contaminants have been found in some kratom products in the U.S., such as salmonella and heavy metals, which may contribute to adverse effects.¹⁷ Products can also be adulterated with 7-OH or other opioids.¹⁸⁻¹⁹ Required potency and contaminant testing is a commonly cited reason for why government oversight of kratom may reduce public safety risks.

Federal and State Regulations

Kratom is not currently regulated by the Food and Drug Administration and can be sold in stores or online as supplements in the form of powder, concentrates, tablets, or liquids.² Kratom is not considered a controlled substance in the U.S.¹⁷ The Drug Enforcement Agency (DEA) does not currently recognize kratom as having any accepted medical use.¹

State regulations across the U.S. vary. As of late 2023, a report by the [Congressional Research Service](#) found that 16 states regulate the sale of kratom products in at least one of eleven ways:¹⁷

- **Age Restriction:** Eight states ban the sale of kratom to those under 18 years old. Another eight states ban the sale of kratom to those under 21 years old.
- **Marketing to Children:** Utah and West Virginia prohibit kratom packaging and flavors that appeal to youth. They also require child-resistant packaging.
- **Adulteration/Contamination:** Five states have some regulations banning kratom products that have been adulterated (i.e., mixed) with a non-kratom substance.
- **Strength:** Four states ban the sale of products in which 7-OH is more than 2% of the total alkaloid content of kratom products.
- **Labeling:** Nine states require some form of label on kratom packaging, such as directions for safer use, warnings, manufacturer information, alkaloid content, and ingredient list.
- **Testing:** Four states require either a kratom test result, certificate of analysis, or third-party analysis.
- **Registration/Permits:** Oregon and Utah require kratom sellers to register with the state. West Virginia requires kratom sellers to have state permits.

- *Synthetic Alkaloids.* Thirteen states define and regulate ‘natural’ and ‘synthetic’ forms of kratom’s psychoactive ingredients. Tennessee only allows the sale of kratom in “natural form”.
- *Local Authority.* Colorado and Louisiana allow localities to adopt stricter controls related to kratom.
- *Private Right of Action:* Oklahoma and Utah permit individuals harmed by violations of state kratom laws to bring private civil actions for damages.
- *Tax.* West Virginia taxes kratom sales.

Summary

In other parts of the world, kratom has been used for generations for medicinal purposes. However, its use has become more common in the U.S. in recent decades. Estimates for rates of use and problem use are low. More research is needed to evaluate the extent to which kratom is safe for both non-medical and medical purposes.

Most states do not regulate kratom. However, 16 states do have some regulations in place. As with other substances, youth and those with mental health problems and/or substance use disorders appear to be at highest risk of harm and are the groups using kratom most frequently.

For more information on kratom, see the slides from our guest speakers at the Autumn 2025 [LCB Research Roundtable](#), including Dr. Oliver Grundmann and Dr. Jimmy Leonard.

Suggested Citation

Okey, S.A., Watson, T.D., & Glodosky, N.C. (2024). Research brief: Kratom. Washington State Liquor and Cannabis Board. <https://lcb.wa.gov/research/briefs>

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