**Kratom: The Case for State Action to Protect Youth and Consumers**

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## Executive Summary

Kratom is a psychoactive substance increasingly sold in convenience stores, vape shops, and online marketplaces under misleading labels such as “herbal supplement,” “natural pain reliever,” or “opioid alternative.” Despite these claims, kratom’s primary active compounds act on the same mu-opioid receptors as morphine and other opioids, producing opioid-like effects, dependence, and withdrawal. Many products sold in the United States contain concentrated or synthetic alkaloids, particularly 7-hydroxymitragynine (7-OH), that far exceed the potency of naturally occurring kratom leaf.[i] Kratom is not FDA-approved for any medical use, is not subject to standardized dosing or manufacturing oversight, and is widely accessible to youth due to the absence of federal age restrictions. Poison control data, clinical reports, and addiction treatment providers document increasing rates of kratom-related adverse events, including seizures, respiratory depression, and opioid-like withdrawal. The available evidence supports state action to close regulatory loopholes, protect young people, and align policy with kratom’s true pharmacology and risk profile.

## Why Kratom Raises Serious Public Health Concerns

### 1. Opioid-Like Pharmacology Without Opioid Safeguards

Scientific and regulatory analyses consistently demonstrate that kratom is not a benign herbal product. Kratom’s primary alkaloids bind to mu-opioid receptors, producing analgesia, euphoria, and sedation. The FDA’s PHASE computational model confirms kratom alkaloids behave pharmacologically like opioids.[ii] Laboratory studies show 7-hydroxymitragynine (7-OH) is up to 13 times more potent than morphine on a per-molecule basis. Unlike FDA-approved opioids, kratom products are sold without prescriptions, without standardized dosing, and without manufacturing or quality controls. The growing presence of concentrated and synthetic 7-OH in retail products significantly increases overdose and dependence risk beyond that associated with traditional kratom leaf.

### 2. Youth Exposure and Retail Access

Kratom is widely available in environments that facilitate youth access, like convenience stores, gas stations, vape and smoke shops, and online retailers. There is no federal minimum age requirement for purchase. Products are often flavored, highly concentrated, and packaged similarly to energy drinks or dietary supplements. Marketing frequently implies legality, safety, or therapeutic benefit, despite lack of FDA approval. These retail and marketing patterns mirror earlier public health crises involving synthetic cannabinoids and other novel psychoactive substances, where delayed regulation resulted in widespread youth exposure. Beyond the immediate short-term risks to youth. Studies have demonstrated long-lasting cognitive behavioral deficits associated with youth kratom use.[iii]

### 3. Increasing Abuse, Dependence, and Poison Control Events

Medical providers, addiction psychiatrists, and treatment programs nationwide report a growing population of individuals with kratom dependence. Withdrawal symptoms closely resemble opioid withdrawal and include muscle aches, insomnia, irritability, nausea, anxiety, and cravings. Some individuals report consuming high-potency products multiple times per day and spending hundreds or thousands of dollars per month. National surveillance indicates escalating harm. For example, the Drug Enforcement Administration lists kratom as a

Drug and Chemical of Concern due to abuse and dependence potential. U.S. poison control centers continue to report increasing kratom-related exposure calls, including severe outcomes such as seizures, respiratory depression, and loss of consciousness, with Poison control centers receiving 1,690 kratom-related exposure reports in the first seven months of 2025, surpassing all of 2024; 35% of 7-OH cases involved severe outcomes.[iv]

Polysubstance use involving kratom significantly increases overdose severity and medical risk. EMS encounters for kratom/7-OH overdoses exceeded 4,200 nationwide from 2023–2025, showing a statistically significant increase in kratom-related calls from January 2023 to April 2025.[v]

### 4. FDA Warnings and Enforcement Actions

The U.S. Food and Drug Administration has taken repeated actions related to kratom, including multiple warning letters to kratom and 7-OH manufacturers for illegal marketing and unapproved drug claims, import alerts blocking kratom products from entering the United States, and public health advisories warning consumers of addiction, overdose, and death risks.[vi] The FDA has stated unequivocally that there is no evidence kratom is safe or effective for any medical use and that kratom does not qualify as a lawful dietary supplement ingredient. Despite these actions, kratom products remain widely available in retail settings, underscoring the limits of federal enforcement without complementary state-level controls.

### 5. Consumer Protection and Regulatory Fairness

Allowing highly concentrated and synthetic products to remain unscheduled or lightly regulated raises fundamental consumer protection concerns:

✓ Products with opioid-like effects bypass drug approval and safety standards
✓ Consumers are misled by “natural” and “herbal” marketing claims
✓ Potency and composition vary widely between products
✓ Synthetic enhancement and contamination go largely undetected
✓ Health systems absorb preventable emergency and treatment costs

Aligning oversight with pharmacological reality is essential to maintaining the integrity of drug safety frameworks.

## State, National, and International Regulatory Trends

In response to these risks, many jurisdictions have taken action:

- Kratom is classified as a controlled substance in 15 countries**,** including Malaysia**,** where the plant occurs naturally, demonstrating the growing concern within the public health community about the safety of this substance. [vii]
- As of November 2025, kratom is illegal in 7 states (Alabama, Arkansas, Florida, Indiana, Louisiana, Vermont, Wisconsin), as well as the District of Columbia. In addition, at least three major cities: Denver, Colorado; San Diego, California; and Sarasota, Florida**,** have enacted local prohibitions. 5 additional states impose heavy restrictions (Colorado, Georgia, Nebraska, Utah, and West Virginia).
- 5 additional states impose comprehensive restrictions (Colorado, Georgia, Nebraska, Utah, and West Virginia.)
- 14 states subject Kratom to some restrictions, with room for improvement (Arizona, Illinois, Kentucky, Maryland, Minnesota, Nevada, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, and Virginia.)

Multiple states are actively considering legislation to regulate or schedule kratom or synthetic 7-OH products. These actions reflect growing recognition that kratom presents risks comparable to other controlled psychoactive substances.

## Policy Options

### Preferred Approach: Smart regulation of "natural leaf" products and State Scheduling of 7-OH and Synthetic Products

Scheduling of synthetic and concentrated kratom alkaloids such as 7-OH, as a controlled substance is the most protective option when:

- Abuse and dependence potential is well documented
- No accepted medical use exists
- Youth access and consumer deception are widespread

The case for scheduling natural leaf Kratom (primary active ingredient mitragynine, with only trace amounts of naturally occurring 7-OH) is less clear, as there exist some studies pointing to potential clinical uses. However, due to the lack of rigorous evaluation and FDA approval, there does not exist enough data on the safety and efficacy on natural leaf Kratom/mitragynine for it to be completely without risk, and we know that excess amounts of mitragynine can also lead to overdose. Given the largely unregulated nature of the Kratom market, in particular, inconsistent dosing of products, lack of quality testing, and frequent misleading health claims, etc. a conservative approach is advisable. For states that decide to allow continued access to natural leaf Kratom, there are key safeguards that should be implemented to mitigate these risks, including:

- Minimum purchase age of 21
- Prohibition of synthetic or enhanced 7-OH
- Potency limits per serving/per package*
- Mandatory product testing and labeling
- Retail licensing, compliance checks, and enforcement penalties

## Conclusion

Kratom presents a preventable public health risk: an opioid-active substance marketed as a harmless herbal product and sold with minimal oversight. Its widespread availability, increasing potency, and documented association with addiction and serious medical events demand state action. States that act decisively can protect youth, prevent consumer deception, and close a regulatory gap that allows opioid-like substances to evade appropriate controls. Aligning kratom policy with science is essential to safeguarding public health.

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