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FAQs from the Webinar *Kratom and 7-OH: What are they? Why do people use them? What are other options?*

Watch the webinar! | **Read the blog post!**

Terminology

Kratom is a plant from Southeast Asia. In the US the leaves have been sold as an herbal supplement, often in powdered or liquid form. The main psychoactive compounds in kratom are mitragynine and 7-hydroxy-mitragynine (7-OH). What is sold as "kratom" may vary widely and may not be what is on the label.

7-OH is found in small amounts in kratom naturally but is also sold at higher potencies as a manufactured concentrate. Products labeled as 7-OH may have much higher levels of 7-OH than found in natural kratom products. These products have widely varying content and may not be labeled accurately.

Kratom/7-OH-related substances is a broad term for ***commercial products*** that include kratom and 7-OH, as well as substances that are chemically similar to 7-OH such as mitragynine pseudoindoxyl (MGPI), MGM-15, and MGM-16.

Mitragynine/7-OH-related substances is the term we use when we are describing the ***chemical compounds***, not necessarily the label on a commercial product.

Does naloxone (Narcan) work on kratom/7-OH-related substance overdoses?

Yes. For more information on how to prevent, identify, and respond to an overdose, and how to get naloxone here.

What data is available on the use of kratom/7-OH and related substances in Washington State?

We do not have Washington State data on the number of people using these substances or how they use them.

We have a small amount of data on overdose deaths in which different mitragynine/7-OH-related substances are detected. The data indicate that about 1% of overdose deaths between 2021 and 2025 involve these substances. Most of those involved other types of drugs as well. These data are likely an underestimate, and they typically do not distinguish between the different types of mitragynine/7-OH-related substances.

Addictions, Drug & Alcohol Institute
University of Washington
https://adai.uw.edu

1959 NE Pacific Street, Seattle, WA 98195
UW Box 356560
adai@uw.edu

There has been at least one overdose death in Washington State in 2026 that involved only 7-OH and MGPI. Mitragynine, the primary compound found in botanical kratom, was not detected which suggests the consumption of a lab made product.

Can kratom/7-OH-related substances be detected in drug tests such as urinalysis or detailed laboratory analysis?

These compounds are not readily detectable on standard urine drug tests. They may be detectable by specialized laboratory analysis (e.g., LC-MS/MS), which generally must be specifically requested as a kratom/mitragynine panel.

What suggestions do you have for talking with some about their use of kratom/7-OH-related substances?

We encourage a non-judgmental approach. Focus on understanding why people use and explore whether there are other ways to address those reasons more effectively and safely.

The Prescribed Opioids Difficulties Scale could be adapted for self-assessment of problems and concerns related to kratom/7-OH-related substances and other opioids. This is not a diagnostic tool, but rather a structured way for a person to reflect on their use, which they may find helpful if they choose to speak with a care provider.

What are the issues with the way that kratom/7-OH products are currently sold and labeled?

The labeling of kratom/7-OH-related products is often very inaccurate, as discussed in the webinar and as seen in the supplement to this research article. For example, there are often potent mitragynine/7-OH-related-substances in the product that are not on the label. This poses an issue for consumers who may not know the content of the products they are buying and may not know that they can cause physical dependence or other health impacts.

What are some options for restricting/regulating access to kratom/7-OH-related substances?

The US already has a spectrum of regulatory approaches, ranging from unregulated commercially available products on one end, to Schedule I classification on the other, which effectively makes the products illegal to possess.

Some potential options for regulating kratom/7-OH-related products include:

Schedule some or all mitragynine/7-OH-related substances as we do other opioids, such as oxycodone. Opioids available via prescription are schedules II-V with schedule II drugs the most restricted based upon risk of “abuse” and “psychological or physical dependence”.

Potential benefits: Scheduling kratom/7-OH products could make the compounds available for research and available via prescription from a health care provider with a DEA license.

Potential challenges: It is unknown if prescribers would actually prescribe these poorly understood compounds.

Regulate kratom/7-OH-related products. States have taken different approaches including prohibiting or regulating kratom/7-OH-related products. One example of regulation is Maryland state legislation, which requires accurate labeling of the contents of kratom/mitragynine products, establishes maximum levels of some compounds, and prohibits others. The intent appears to be to only permit the botanical product and its natural components, while restricting added components, which are often synthetic and potent.

Potential benefits: Regulation would provide consumers with accurate information about their products and might restrict access based on age.

Potential challenges: Regulation would still allow an opioid to be widely available without a prescription. This could lead to people developing physical dependence on these products, use disorder, and potentially adverse health consequences. No other opioid is available without a prescription in the United States.