Kratom/7-OH-related-substances:
Understanding motivations for use, potential alternatives & lessons learned from prior opioid responses

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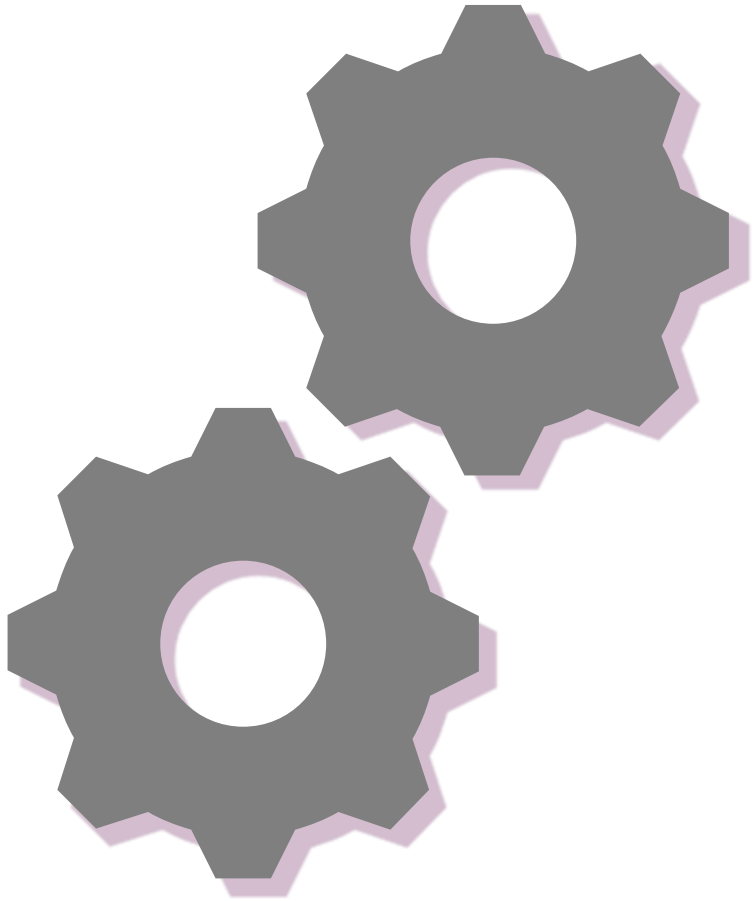
Housekeeping

- **We are using "webinar mode"**
  Presenters are onscreen while audience is off-camera and muted.

- **Submit questions in the Q&A box**
  If presenters can't respond during sessions, we'll try to get written responses after.

- **Session will be recorded and posted on our ADAI YouTube account.**



Conflicts of interest

- Neither presenter has received funding for kratom/7-OH research or other services from private or public entities.
- Dr. Banta-Green's current funding includes the National Institutes of Health and the WA State Health Care Authority
- Dr. Duncan's current funding includes grant support from Eli Lilly for a clinical trial on a new medication for alcohol use disorder.

Poll

How familiar are you with Kratom/7-OH and related substances?

How much are you seeing these in your life/work/community?

How comfortable are you talking with someone about their use of these substances?

How problematic does others' Kratom/7-OH-related-substance use appear to you?

What would you like to learn about Kratom/7-OH and related substances?

Goals

- Increase understanding of these substances, motivations for use, and potential alternatives
- Encourage a holistic, non-judgmental, approach to support the health of those using these substances
- Broaden our thinking and responses beyond just substance use disorder and treatment
  - Consider language that resonates with individuals
- Align approaches at the individual and societal level

Outline

- What are kratom, 7-OH, and lab-made related substances?
  - Current legal status
- How do they work and what impacts can they have?
- Why do people use these substances?
- What alternative health care interventions and self-management approaches are there to address various motivations for use?
- How can we have engaging and productive conversations with people using these substances?
- Lessons learned from previous opioid clinical and policy responses.
- Resources: clinical materials, learning collaboratives…
- Q & A

Opioids

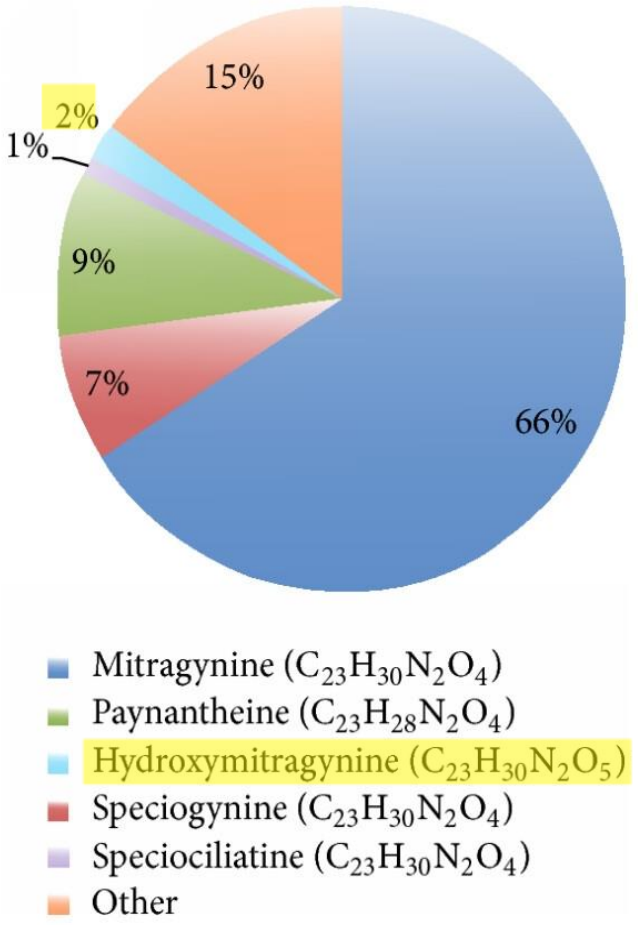
- Bind to opioid receptors throughout the body
- Neurological effects can include- pain relief, euphoria, sedation/sleepy, slowed breathing/respiratory depression
- Types of opioids, examples:
  - Poppy/opium
  - Morphine & Heroin
  - Synthetic and prescription-type: Oxycodone, Hydrocodone, Fentanyl, etc.
  - Illicitly manufactured/sold: e.g. fentanyl, carfentanil, cychlorphine
  - Kratom- plant based, 7-OH plant and lab-based, 7-OH related lab-made
- Legality/access changed over time and vary by region

Kratom

A psychoactive plant native to SE Asia

- Effects
  - Lower doses: stimulant-like effect
  - Higher doses: opioid effect

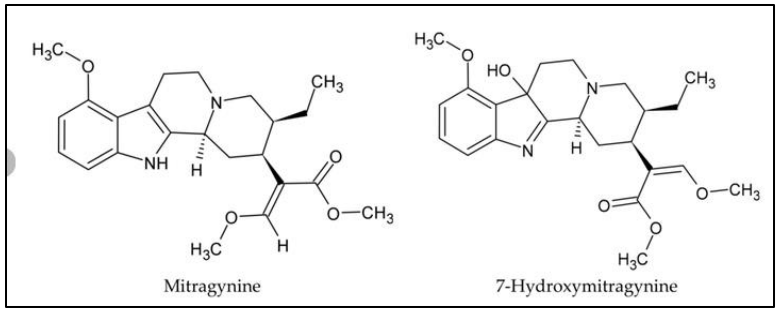
- Primary psychoactive compounds:
  - Mitragynine 66%
  - 7-hydroxymitragynine (7-OH) 2%
  - Both are opioids
    - Activate opioid receptors
    - Can cause dependence and opioid withdrawal



Cinosi, E., et al, *Following "the Roots" of Kratom (Mitragyna speciosa): The Evolution of an Enhancer from a Traditional Use to Increase Work and Productivity in Southeast Asia to a Recreational Psychoactive Drug in Western Countries*, *BioMed Research International*, 2015, 968786, 11 pages, 2015. https://doi.org/10.1155/2015/968786

7-OH

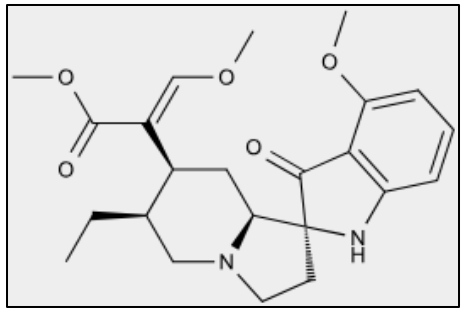
- An opioid present in low levels in the kratom plant
- Sold as a synthetic, stand-alone, highly-potent product
  - a concentrate
- Does not have stimulant effects
- Labeling and contents vary- Some products sold as “kratom” are 7-OH or other highly concentrated products (more to come…)



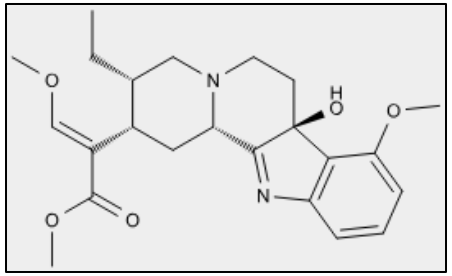
https://www.researchgate.net/figure/Chemical-structures-of-mitragynine-and-7-hydroxy-mitragynine_fig1_378457909

7-OH related lab made compounds

- Mitragynine pseudoindoxyl (MGP(I)), MGM-15, MGM-16
  - MGPI has the same molecular formula and weight as 7-OH, but has a different “shape”



- These have chemical structures related to 7-OH
- They are synthetic/lab made



- These 3 compounds were DEA emergency scheduled in August 2026

https://www.unodc.org/LSS/Substance/Details/e54b908c-f0ad-42f3-a8b2-4d549df7f01f

What's in what?

- Little data is available and it is poorly described
- But, what's available indicates:

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pubs.acs.org/jasms
Article

Avoiding False Identification of 7-Hydroxymitragynine in Kratom Products Using a Multicriteria LC–MS Confirmation

Table S2. Semi-quantitative results for the 7-OH, MGP, and MG in the kratom-related products

	Serving Size	Calculated 7-OH (mg/Serving)	Claimed 7-OH (mg/Serving)	Calculated MGP (mg/Serving)	Claimed MGP (mg/Serving)	Calculated MG (mg/Serving)	Claimed MG (mg/Serving)
KM01	½ tablet	5.5 ± 0.1	9	N.D.	N.A.	0.18 ± 0.01	N.A.
KM02	½ tablet	3.9 ± 0.2	7.5	N.Q.	N.A.	N.Q.	N.A.
KM03	½ tablet	4.2 ± 0.2	7.5	3.8 ± 0.4	7.5	8.4 ± 0.4	7.5
KM04	½ tablet	7.3 ± 0.2	9	N.Q.	N.A.	0.20 ± 0.02	N.A.
KM05	½ tablet	5.2 ± 0.1	8	0.24 ± 0.01	N.A.	N.Q.	N.A.
KM06	½ tablet	7.8 ± 0.2	10	0.20 ± 0.01	N.A.	0.82 ± 0.05	N.A.
KM07	½ tablet	6.0 ± 0.3	7.5	N.Q.	N.A.	N.Q.	N.A.
KM08	½ tablet	6.0 ± 0.1	9	0.28 ± 0.01	N.A.	1.71 ± 0.04	N.A.

All sold as 7-OH & contained it

Most had MGP, only 1 labeled

Most had mitragynine, only 1 labeled

- These data give a sense of variability, but are from a small, dated, sample
- These patterns surely vary and are changing in real time

https://pmc.ncbi.nlm.nih.gov/articles/PMC13154205/pdf/js6c00088.pdf

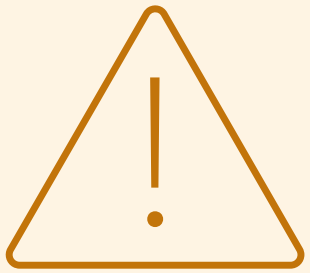
Legal Status

Kratom & 7-OH

- Federally legal
- Some states and local municipalities have banned
- Widely available and legal to purchase without restriction in most of WA
- *7-OH may be scheduled in the future- at levels above what is naturally occurring, notice issued July 2026*

DEA action, August 25, 2026

- Three related compounds made illegal for sale and personal possession: mitragynine pseudoindoxyl (MGPI), MGM-15, MGM-16.
- "Action targets manufactured products containing potent opioids chemically related to mitragynine or 7-hydroxymitragynine" per DEA



THE CORE RISK

UNREGULATED

=

unpredictable

contents* and *potency

No guarantee of what is in a product, or how strong it is, from batch to batch.

DEA Press Release, 2026

What are the risks?

- Tolerance, Dependence & Withdrawal
- Use disorder/Addiction
- Overdose
  - Low rates
  - Increased risk: 7-OH & Related substances, combining multiple substances
  - Give naloxone/follow opioid overdose protocol
- Few reports of seizures, liver toxicity, arrythmias

Drug overdose deaths involving Kratom*

(*Kratom/Mitragynine mentioned in cause of death *text* fields)

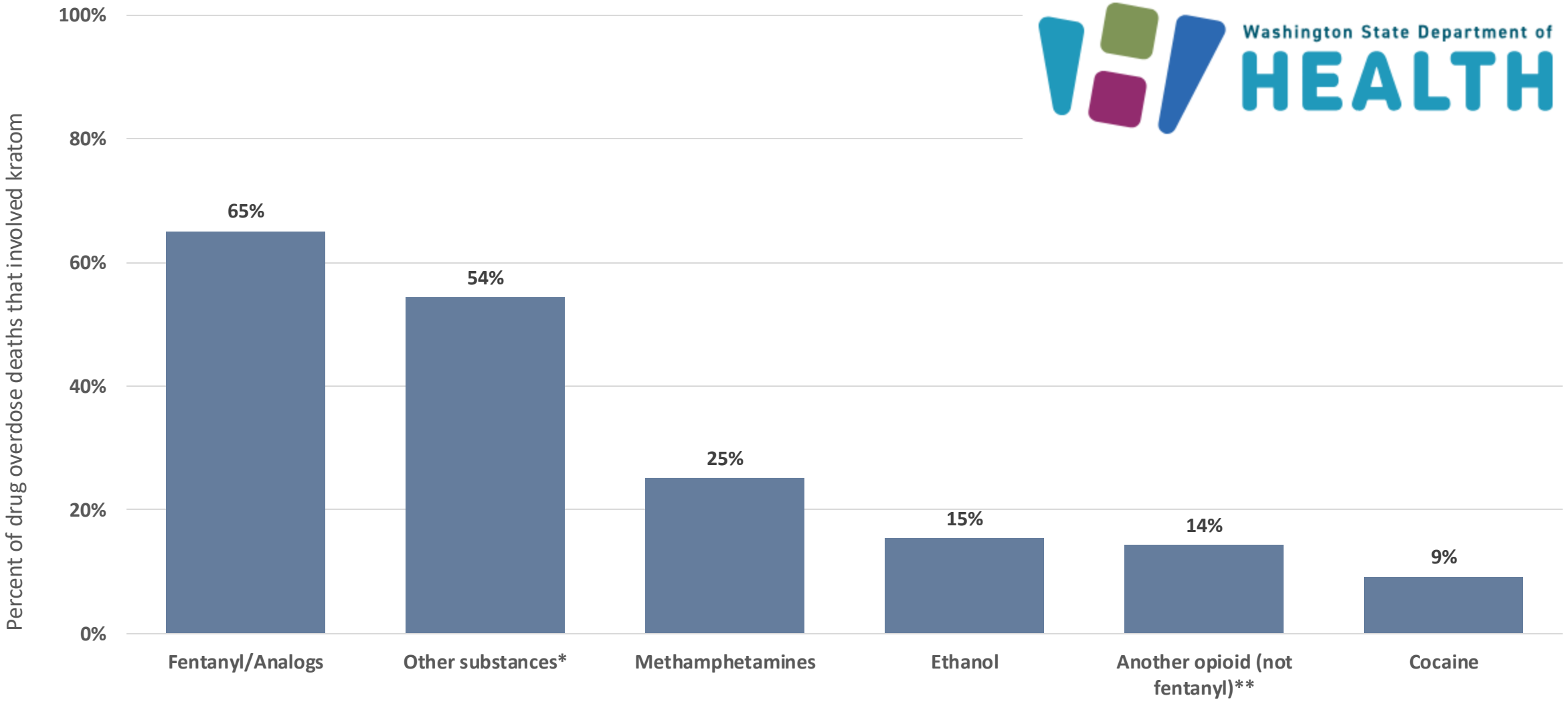
	2020	2021	2022	2023	2024	2025*	2020-2025*
Kratom involved (alone or in combination)	23 (1.3%)	34 (1.5%)	35 (1.3%)	38 (1.1%)	34 (1.1%)	31 (1.1%)	195 (1.2%)
Kratom not mentioned	1708	2230	2668	3421	3111	2885	16,023
Total drug overdose deaths	1731	2264	2703	3459	3145	2916	16,218

[About 10% of “kratom” involved deaths had no other substance reported]

Washington State Department of HEALTH

Other drugs involved in drug overdose deaths that involved Kratom: 2020-2025

(n=195)



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Other substances involved in kratom involved OD deaths

**Another opioid (not fentanyl):

- Predominately heroin (n=12) and a natural/semi-synthetic opioid (n=12)
  - Natural/Semi-synthetic opioids for example: Oxycodone, Hydromorphone, Oxymorphone, Hydrocodone
- A few OD deaths with methadone or tramadol

* Other substances include:

- Diphenhydramine
- Gabapentin
- Hydroxyzine
- Amphetamine
- And benzodiazapines …

Washington State Department of HEALTH

Demographics of Kratom involved drug overdose deaths

- Among the 195 drug overdose deaths that involved kratom:
  - Predominately male (79%)
  - Almost two out of three (62%) are between the ages of 25 and 44
  - 86% are white non-Hispanic

Washington State Department of HEALTH

Limitations and Considerations

Identifying Kratom-Involved Deaths

- Kratom/mitragynine does not have a substance-specific ICD-10 code.
- Deaths were identified through a text search of death certificate cause-of-death fields.
- Search terms included “kratom,” “mitragynine,” and spelling variations.
- Cases may be missed when kratom exposure is not documented in the cause-of-death fields.

Toxicology Testing

- **Mitragynine is not routinely confirmed or reported in all death investigations.**
- **WSP Toxicology Laboratory:** Mitragynine is screened for in approximately 5–10% of death submissions. WSP does not currently have a confirmatory method, so mitragynine identified through screening is not routinely confirmed or reported.
- **NMS Labs (contracted external lab):** Mitragynine is screened for when the expanded testing panel is ordered, which occurs for approximately 30–40% of death cases submitted to NMS. It is not screened for in the remaining 60–70% of NMS cases.
- **7-Hydroxymitragynine (7-OH):** Included in NMS Labs’ expanded-panel surveillance library. It may be detected during screening but is not routinely confirmed or reported unless additional testing is requested.

Key Consideration

- Kratom-related toxicology testing and reporting are not universal, so the number of identified deaths likely underestimates the true number of deaths involving kratom.
- Findings should be interpreted as documented/identified kratom-involved deaths, rather than an estimate of all deaths involving kratom.

Kratom/7-OH Overdose death data takeaways

- Small # and % past 5 years, no clear sign of increases
- Specific testing and data reporting are inconsistent
- No distinguishing of Kratom vs 7-OH vs 7-OH-related-products, which we know work differently and have different potencies
- Most deaths involved other drugs
  - Most commonly fentanyl+
  - Some poly-substance involved may only have had OTC meds
  - Very recent news reports of OD deaths potentially due
    - MGPI
    - MGM-15

Why do people use 7-OH related products?

- Pain
- Mood
- Anxiety
- Sleep
- Energy

Many of the same reasons people use other substances:

- Alcohol
- Cannabis
- Stimulants
- Prescription-type opioids
- Benzodiazepines

- Opioid withdrawal management
- Alternative to other opioids
- Easier than dealing with the traditional medical system
- Feels more “natural”

Alternative approaches to Kratom/7-OH-related-substances

- A major concern about these substances is that we don't know a lot about them and people don't know what they are getting.
- So, what are alternatives:
  - Self-management
  - Health care services, medications, and counseling, and behavioral approaches

Challenges to alternatives…

- Some people may not be able to or comfortable navigating care systems, as suggested by trying to self-manage with OTC substances.

- Some are dependent on these substances, so reducing/stopping use could lead to withdrawal symptoms & use of another type of opioid.

- So, getting on buprenorphine or methadone could help a person *manage withdrawal* and their Kratom/7-OH-related-substance use BUT people may not see themselves as having Opioid Use Disorder/Addiction and may not identify with this language- *so framing and wording matter*.

Reasons for Using Kratom/7-OH: Pain

Scenario:

- "***My family member gave me 7-OH for my chronic pain***."
  - Most common reason given for Kratom use
    - Up to 91% in people using Kratom

- Why does this help?
  - Activation of the opioid receptors in the body by both Kratom and 7-OH
    - Opioid receptors stop incoming pain signals to the brain and dull the perception of pain

- Whole Person Care: Exploring Alternative Options
  - Full assessment needed
    - Physical therapy
    - Behavioral treatments: Not overdoing it
    - Improving mental health
    - Improving sleep
    - Non-opioid medications or treatments
    - Spiritual Care
    - Community supports

Garcia-Romeu A, Cox DJ, Smith KE, Dunn KE, Griffiths RR. Kratom (Mitragyna speciosa): User demographics, use patterns, and implications for the opioid epidemic. Drug Alcohol Depend. 2020 Mar 1;208:107849. doi: 10.1016/j.drugalcdep.2020.107849. Epub 2020 Feb 3. PMID: 32029298; PMCID: PMC7423016.

Reasons for Using Kratom/7-OH: Mental Health

Scenario:

- "***My anxiety and depression were out of control***."
  - 2nd most common reason given for Kratom use
    - Up to 65-67% of people using Kratom identified depression and anxiety as motivating reasons.
    - PTSD and ADHD were also mentioned

- Why does this help?
  - Activation of the opioid receptors in the body by both Kratom and 7-OH
    - Opioid receptors: calm anxiety and improve mood in the short term

- Whole Person Care: Exploring Alternative Options
  - Psychotherapy
  - Psychiatric medications
  - Improving sleep
  - Spiritual Care
  - Community supports

Garcia-Romeu A, Cox DJ, Smith KE, Dunn KE, Griffiths RR. Kratom (Mitragyna speciosa): User demographics, use patterns, and implications for the opioid epidemic. Drug Alcohol Depend. 2020 Mar 1;208:107849. doi: 10.1016/j.drugalcdep.2020.107849. Epub 2020 Feb 3. PMID: 32029298; PMCID: PMC7423016.

Reasons for Using Kratom/7-OH: Substance Use Disorder

Scenario:

- "***I needed something to help me stop my fentanyl use***."
  - 3rd most common reason given for Kratom use
    - 25-41% of people using Kratom identified drug dependency as their reason for use.
    - Fentanyl and other synthetic opioids were targets for self-treatment

- Why does this help?
  - Activation of the opioid receptors in the body by both Kratom and 7-OH
    - Kratom and 7-OH will treat opioid withdrawal and cravings

- Whole Person Care: Exploring Alternative Options
  - Barriers to medications for OUD
    - Stigma
    - Access
    - Perceptions of risks and benefits of Meds for OUD
  - Other priorities
    - Housing
    - Employment
    - Family

Notice

Kratom and 7-OH are **NOT** evidence-based treatments for Opioid Use Disorders

Garcia-Romeu A, Cox DJ, Smith KE, Dunn KE, Griffiths RR. Kratom (Mitragyna speciosa): User demographics, use patterns, and implications for the opioid epidemic. Drug Alcohol Depend. 2020 Mar 1;208:107849. doi: 10.1016/j.drugalcdep.2020.107849. Epub 2020 Feb 3. PMID: 32029298; PMCID: PMC7423016.

Grundmann O, Veltri CA, Morcos D, Knightes D 3rd, Smith KE, Singh D, Corazza O, Cinosi E, Martinotti G, Walsh Z, Swogger MT. Exploring the self-reported motivations of kratom (Mitragyna speciosa Korth.) use: a cross-sectional investigation. Am J Drug Alcohol Abuse. 2022 Jul 4;48(4):433-444. doi: 10.1080/00952990.2022.2041026. Epub 2022 Apr 7. PMID: 35389321.

Reasons for Using Kratom/7-OH: Energy

Scenario:

- ***"I was having a hard time keeping up with work. My energy and focus were off."***

- Why does this help?
  - At low doses, kratom produces stimulant-like effects with improved alertness, energy, sociability, and productivity.
    - 7-OH does not have stimulant effects and is sedating (chase the effects?)

- Whole Person Care: Exploring Alternative Options
  - Full assessment needed
    - Mental Health issue?
    - Sleep problems?
    - Medical problems?
  - Social Needs
    - Unstable housing
    - Work environment
    - Overextended

Grundmann, O., Veltri, C. A., Morcos, D., Knightes, D., Smith, K. E., Singh, D., ... Swogger, M. T. (2022). Exploring the self-reported motivations of kratom (Mitragyna speciosa Korth.) use: a cross-sectional investigation. The American Journal of Drug and Alcohol Abuse, 48(4), 433–444. https://doi-org.offcampus.lib.washington.edu/10.1080/00952990.2022.2041026

Cinosi, Eduardo, Martinotti, Giovanni, Simonato, Pierluigi, Singh, Darshan, Demetrovics, Zsolt, Roman-Urrestarazu, Andres, Bersani, Francesco Saverio, Vicknasingam, Balasingam, Piazzon, Giulia, Li, Jih-Heng, Yu, Wen-Jing, Kapitány-Fövény, Máté, Farkas, Judit, Di Giannantonio, Massimo, Corazza, Ornella, Following "the Roots" of Kratom (Mitragyna speciosa): The Evolution of an Enhancer from a Traditional Use to Increase Work and Productivity in Southeast Asia to a Recreational Psychoactive Drug in Western Countries, BioMed Research International, 2015, 968786, 11 pages, 2015. https://doi.org/10.1155/2015/968786

Reasons for Using Kratom/7-OH: Sleep

Scenario:

- ***"I couldn't turn my brain off in order to fall asleep."***
  - Frequently used for sleep, but not the main reason people use Kratom
  - One survey reported it was used on 23% of days with modest gains in length of sleep (~13 min) and quality (5-point improvement on a 100-point scale). Sleep improvement is not consistent.

- Why does this help?
  - At high doses, kratom activates opioid receptors which causes sedation
  - 7-OH activates opioid receptors at all dose levels and can cause sedation at all doses

- Whole Person Care: Exploring Alternative Options
  - Full assessment needed
    - Mental Health issue
    - Sleep disorders
    - Medical problems
  - Cognitive Behavioral Therapy for Insomnia
    - 1st line treatment
  - Sleep environment

Mun CJ, Timmons P, Panlilio LV, Verrico CD, Thomas YT, Zamarripa CA, Epstein DH, Smith KE. Is bedtime use of kratom (Mitragyna speciosa) a sleep aid or disruptor? Examining its daily effects and individual differences. Exp Clin Psychopharmacol. 2025 Oct;33(5):513-522. doi: 10.1037/pha0000794. Epub 2025 Aug 21. PMID: 40839514; PMCID: PMC12772645.

Smith KE, Panlilio LV, Feldman JD, et al. Ecological Momentary Assessment of Self-Reported Kratom Use, Effects, and Motivations Among US Adults. JAMA Netw Open. 2024;7(1):e2353401. doi:10.1001/jamanetworkopen.2023.53401

Benefits & Risks

- **People report both benefits and problems related to their use.**
  - Some people report that Kratom/7-OH-related substances help them function and others that it negatively impacts their ability to do the things they need and want to.
- **People often need to increase their dose** to keep getting the effects they want (this is called *tolerance*).
- People also report **negative side effects when they suddenly stop using** (this is called *withdrawal*); many of these effects are similar to stopping other opioids.
  - Some also report that they spend much more money than they want to

Kratom & 7-OH Use Over Time

- People do move from Kratom to using 7-OH
  - How often this happens is unknown
  - Faster onset and stronger effect can be motivators
- Up to 20% of people using Kratom report developing symptoms that look like Kratom Use Disorder
  - Some studies suggest doses of 250-280mg a day of mitragynine place people at higher risk for developing physical dependence (withdrawal)
  - Most people using Kratom stop on their own
    - 17/2,798 of people in one study sought treatment

Stanciu C N (March 14, 2026) Severe Early-Onset Withdrawal Following Intentional Use of Mitragynine Pseudoindoxyl: A Case Report and Emerging Clinical Considerations. Cureus 18(3): e105224. doi:10.7759/cureus.105224

Gorelick DA. Kratom: Substance of Abuse or Therapeutic Plant? Psychiatr Clin North Am. 2022 Sep;45(3):415-430. doi: 10.1016/j.psc.2022.04.002. Epub 2022 Jul 31. PMID: 36055730.

Singh D, Müller CP, Vicknasingam BK. Kratom (Mitragyna speciosa) dependence, withdrawal symptoms and craving in regular users. Drug Alcohol Depend. 2014 Jun 1;139:132-7. doi: 10.1016/j.drugalcdep.2014.03.017. Epub 2014 Mar 22. PMID: 24698080.

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Kratom & 7-OH Use Over Time

- There is no known dose that places people at higher risk for developing a use disorder.

- Assessment
  - Ask about frequency of use
  - How long does it take to go into withdrawal
  - Recent need to increase dose

Stanciu C N (March 14, 2026) Severe Early-Onset Withdrawal Following Intentional Use of Mitragynine Pseudoindoxyl: A Case Report and Emerging Clinical Considerations. Cureus 18(3): e105224. doi:10.7759/cureus.105224
Gorelick DA. Kratom: Substance of Abuse or Therapeutic Plant? Psychiatr Clin North Am. 2022 Sep;45(3):415-430. doi: 10.1016/j.psc.2022.04.002. Epub 2022 Jul 31. PMID: 36055730.
Singh D, Müller CP, Vicknasingam BK. Kratom (Mitragyna speciosa) dependence, withdrawal symptoms and craving in regular users. Drug Alcohol Depend. 2014 Jun 1;139:132-7. doi: 10.1016/j.drugalcdep.2014.03.017. Epub 2014 Mar 22. PMID: 24698080.
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People Seeking Treatment

- Limited evidence, protocols still being developed
- Case report and case reviews with **buprenorphine**
- Dose
  - May be dependent on product (7-OH vs kratom leaf), frequency & amount
  - May require high doses to manage withdrawal & craving
- One case series with **contingency management** as an adjunct to **buprenorphine**
- Methadone may be appropriate

Slide adapted from Addy Adwell, UW

Treatment Resources

Prescribers can call the University of Washington Psychiatry Consult Line for guidance on using medications for opioid use disorder with 7-OH and kratom.

- https://pcl.psychiatry.uw.edu/
- 1-877-927-7924

Contact the WA Recovery Help Line to find outpatient MOUD providers that can help patients manage their use.

- https://crisisconnections.org/programs/recovery-help-line/
- 1-866-789-1511

Engagement

How can we have engaging and productive conversations with people using these substances?

In a non-judgmental way…

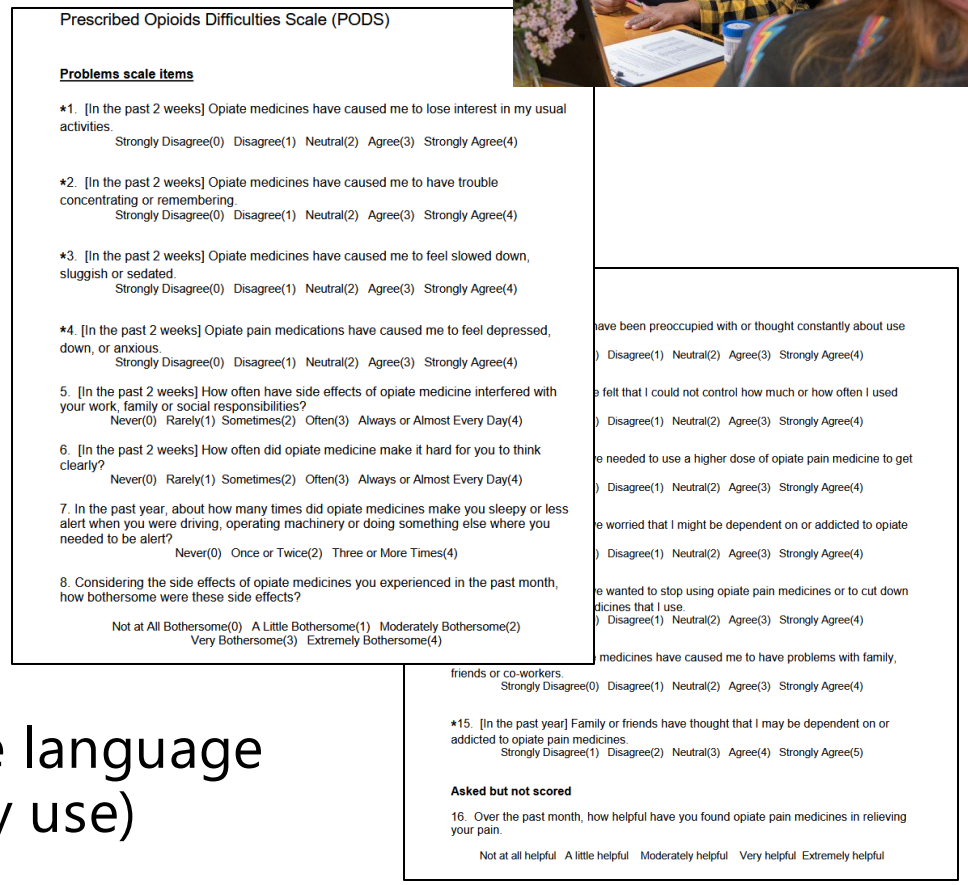
- You might start with: *"A lot of my clients nowadays are taking over the counter products. I'm interested to know what things you are using such as supplements, tinctures, drinks, gummies, pills available at places like smoke/vape shops or convenience stores"*
- Another approach is to *ask about their mood, sleep, and pain and ask if they are having any issues and how they are managing them*.
- Stay *focused on understanding motivations* and if they are using any of these compounds ask them about the *pros and cons*, what's going well and if they have any concerns about the products or their use of them

One framework for a conversation

The Prescribed Opioids Difficulties Scale:

A Patient-centered Assessment of Problems and Concerns

This scale elicits patients' own experiences with opioids, rather than focusing on aberrant behaviors which can create an *adversarial* interaction. We believe the instrument can provide value by informing and guiding a more neutral and constructive dialogue between provider and patient, leading to a *collaborative* relationship.



Prescribed Opioids Difficulties Scale (PODS)

Problems scale items

*1. [In the past 2 weeks] Opiate medicines have caused me to lose interest in my usual activities.
Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

*2. [In the past 2 weeks] Opiate medicines have caused me to have trouble concentrating or remembering.
Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

*3. [In the past 2 weeks] Opiate medicines have caused me to feel slowed down, sluggish or sedated.
Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

*4. [In the past 2 weeks] Opiate pain medications have caused me to feel depressed, down, or anxious.
Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

5. [In the past 2 weeks] How often have side effects of opiate medicine interfered with your work, family or social responsibilities?
Never(0) Rarely(1) Sometimes(2) Often(3) Always or Almost Every Day(4)

6. [In the past 2 weeks] How often did opiate medicine make it hard for you to think clearly?
Never(0) Rarely(1) Sometimes(2) Often(3) Always or Almost Every Day(4)

7. In the past year, about how many times did opiate medicines make you sleepy or less alert when you were driving, operating machinery or doing something else where you needed to be alert?
Never(0) Once or Twice(2) Three or More Times(4)

8. Considering the side effects of opiate medicines you experienced in the past month, how bothersome were these side effects?
Not at All Bothersome(0) A Little Bothersome(1) Moderately Bothersome(2)
Very Bothersome(3) Extremely Bothersome(4)

ave been preoccupied with or thought constantly about use
) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

e felt that I could not control how much or how often I used
) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

e needed to use a higher dose of opiate pain medicine to get
) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

e worried that I might be dependent on or addicted to opiate
) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

e wanted to stop using opiate pain medicines or to cut down
dicines that I use.
) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

medicines have caused me to have problems with family, friends or co-workers.
Strongly Disagree(0) Disagree(1) Neutral(2) Agree(3) Strongly Agree(4)

*15. [In the past year] Family or friends have thought that I may be dependent on or addicted to opiate pain medicines.
Strongly Disagree(1) Disagree(2) Neutral(3) Agree(4) Strongly Agree(5)

Asked but not scored

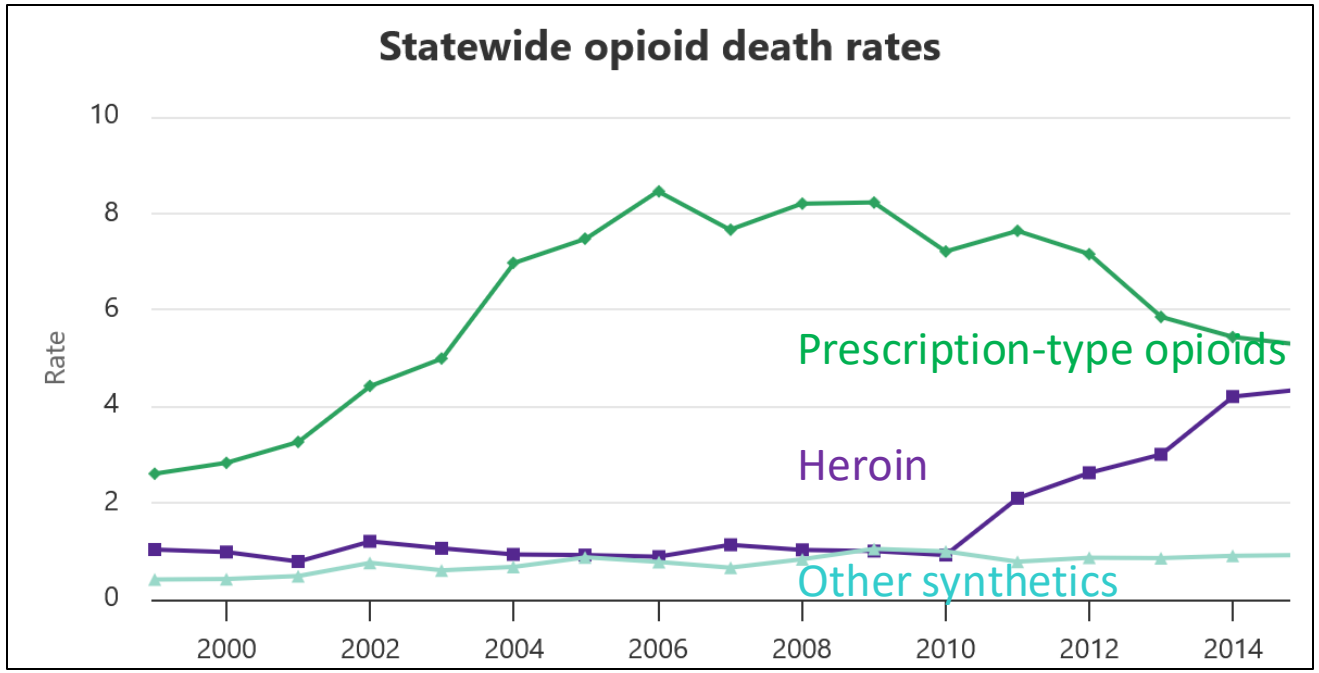
16. Over the past month, how helpful have you found opiate pain medicines in relieving your pain.
Not at all helpful A little helpful Moderately helpful Very helpful Extremely helpful

- This could be used now with adapted substance type language (listening for how they describe the substance(s) they use)
- And adding additional motivations at the end

Learning from past experiences

Restricting opioid use- Pharmaceuticals

- 25 years ago increased prescribing of opioids to treat chronic pain led to some health care caused (iatrogenic) substance use disorder and overdose, but also dysfunction- pain and mental health



Published in final edited form as:
Drug Alcohol Depend. 2009 September 1; 104(1-2): 34–42. doi:10.1016/j.drugalcdep.2009.03.021.

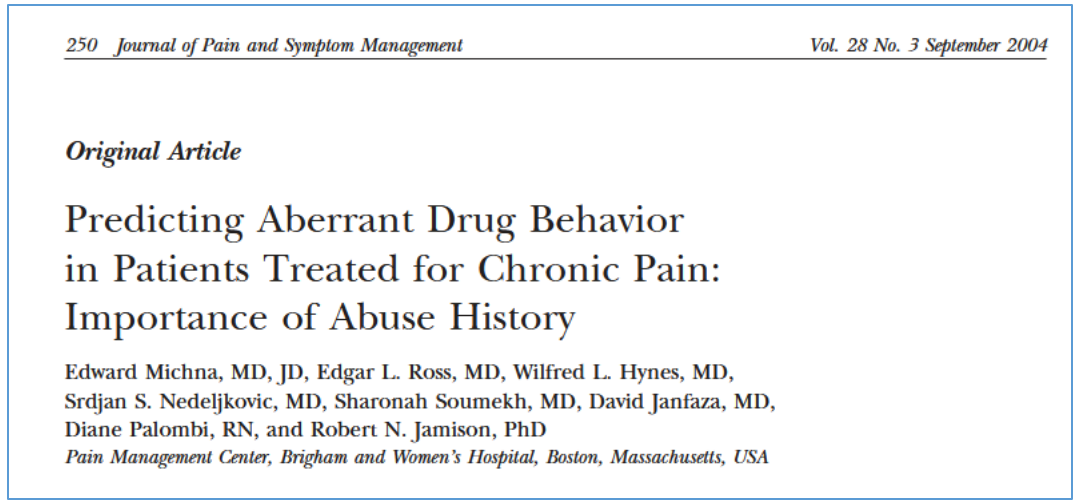
Opioid use behaviors, mental health and pain-Development of a typology of chronic pain patients*

Caleb J. Banta-Green, **Joseph O. Merrill**, **Suzanne R. Doyle**, **Denise M. Boudreau**, and **Donald A. Calsyn**

Learning from past experiences

Restricting opioid use- Pharmaceuticals

- Our initial societal responses were to restrict access and identify "aberrant behaviors", these tended to dis-engage people/patients
- Eventually we learned to focus on peoples' self-identified problems and concerns and to discuss those concerns first, rather than necessarily focusing (primarily) on the drug/opioid.



250 Journal of Pain and Symptom Management Vol. 28 No. 3 September 2004

Original Article

Predicting Aberrant Drug Behavior in Patients Treated for Chronic Pain: Importance of Abuse History

Edward Michna, MD, JD, Edgar L. Ross, MD, Wilfred L. Hynes, MD, Srdjan S. Nedeljkovic, MD, Sharonah Soumekh, MD, David Janfaza, MD, Diane Palombi, RN, and Robert N. Jamison, PhD

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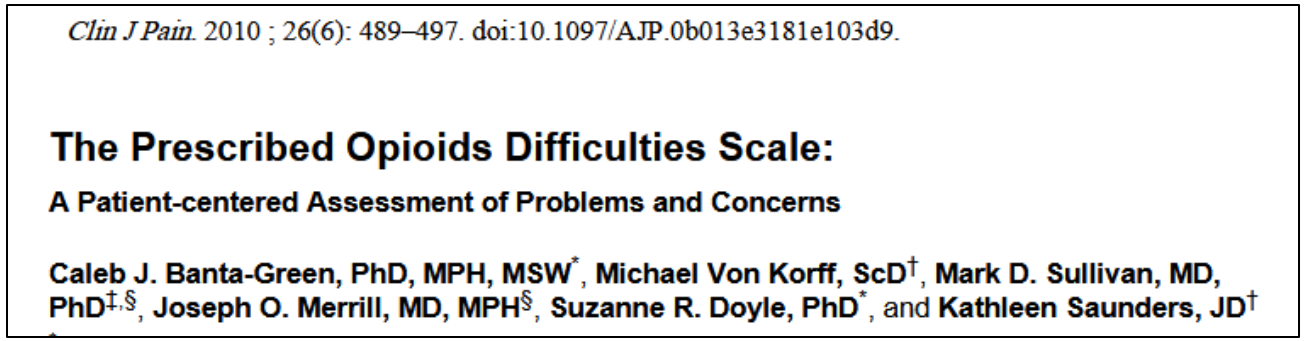


Clin J Pain. 2010 ; 26(6): 489–497. doi:10.1097/AJP.0b013e3181e103d9.

The Prescribed Opioids Difficulties Scale:

A Patient-centered Assessment of Problems and Concerns

Caleb J. Banta-Green, PhD, MPH, MSW[*], Michael Von Korff, ScD[†], Mark D. Sullivan, MD, PhD[‡,§], Joseph O. Merrill, MD, MPH[§], Suzanne R. Doyle, PhD[*], and **Kathleen Saunders, JD[†]**

ADAI ADDICTIONS, DRUG & ALCOHOL INSTITUTE | UNIVERSITY of WASHINGTON

Public messaging

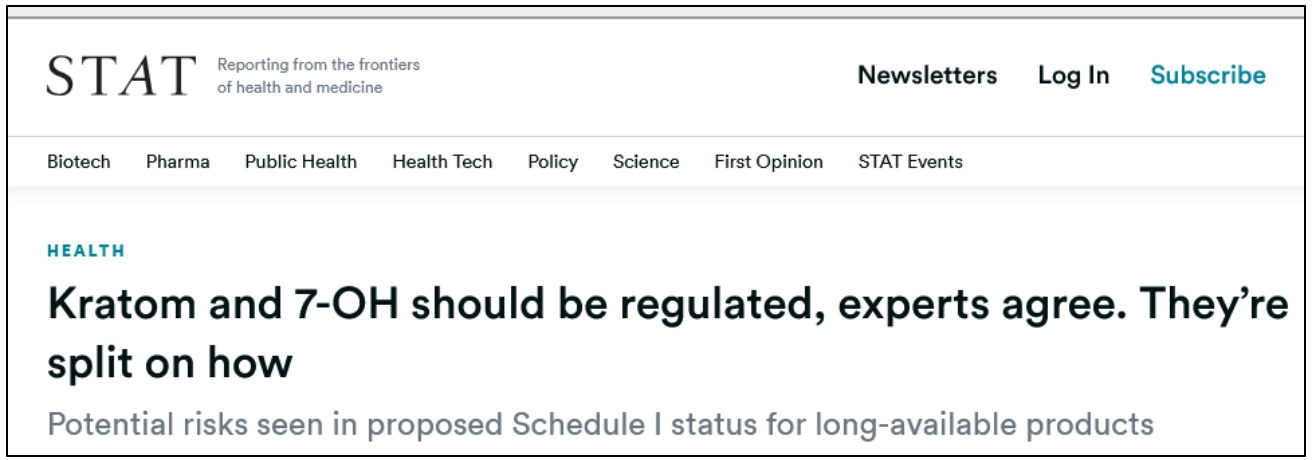
General public:

- Do you use Kratom or 7-OH-related substances to help with:
  - __pain
  - __opiate use
  - __stress
  - __to get through the day?
- There may be more effective and safer ways to get relief.
- The WA Recovery Helpline can share options for care and support. Or you can talk to your health care provider

People self-managing opioid dependence/use disorder:

- Do you use Kratom or 7-OH-related substances to manage your opiate use?
- Powders and pills sold as opiates, but not from a legitimate pharmacy are likely to be fentanyl or other drugs that have high overdose risk.
- There are safe and highly effective medicines to manage opiate use/withdrawal.
- The WA Recovery Helpline can share options for care and support. Or you can talk to your health care provider.

Policy responses



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HEALTH

Kratom and 7-OH should be regulated, experts agree. They're split on how

Potential risks seen in proposed Schedule I status for long-available products

"Even if we schedule 7-OH and kratom, are we really addressing the underlying conditions causing people to obtain these substances? I don't think we have great solutions on that," said Regina LaBelle, an addiction policy professor at Georgetown who served in the White House Office of National Drug Control Policy under President Obama and President Biden. "Often, the only tool we have in our tool belt is scheduling."

https://archive.ph/2dCHn

Policy responses

- Our tools are blunt e.g. drug scheduling- illegal (Schedule I) or prescription (Schedule's II-V)
- While restrictions are intended to improve health, they are sometimes counterproductive
  - Worsen individuals' health
    - lose access → withdrawal
    - substitution → overdose
  - Worsen drug safety- Drug market will adapt- with goal of profit (not safety)
  - Reduce our ability to learn via research
- If Kratom/7-OH-related substances were scheduled II like fentanyl, methamphetamine and cocaine- they could be prescribed with careful controls and researched more easily

Conclusions

- Increase understanding of these substances, motivations for use, and potential alternatives
- Encourage a holistic, non-judgmental, approach to support the health of those using these substances
- Broaden our thinking and responses beyond just substance use disorder and treatment.
  - Consider language that resonates with individuals
- Align approaches at the individual and societal level

Resources

- Adolescent learning collaborative for OUD, monthly online.
  - Email adai@uw.edu to sign up
- OD prevention and intervention www.stopoverdose.org
- What is OUD & what are treatments www.learnabouttreatment.org
- Prescribed opioids difficulties scale https://adai.uw.edu/instruments/pdf/Prescribed_Opioids_Difficulties_Scale_833.pdf
- Latest info: https://adai.uw.edu/7-oh-2026/

- **Frontline Conversations: Advancing SUD Care in Clinical Practice**
  - Wednesday, November 4 | 12:00-1:30pm
  - **Topic: 7-OH: Treatment Considerations for the New, More Potent Kratom**
  - More information & registration: tinyurl.com/SUDCare2026

Questions and discussion

Please enter your questions into the chat and Q & A.

Thank you!