HIGH INTENSITY DRUG TRAFFICKING AREAS
DRUG THREAT INTELLIGENCE BRIEF
OCTOBER 2026

Kratom and Concentrated 7-OH: Overdose Risks and Emergency Room Visits

Kratom (Mitragyna speciosa) is a tropical tree native to Southeast Asia, and its leaves contain psychoactive compounds, primarily mitragynine. People consume the leaves as powders, capsules, or teas for stimulant and opioid-like effects, including pain relief. Mitragynine is the most abundant alkaloid present in the kratom leaf, and manufacturers can chemically convert it into 7-OH and sell it in high-potency products.

POISON CENTER FINDINGS

Record surge in 2025. Poison centers logged 14,449 kratom exposure reports from 2015 to 2025. Reports climbed from 258 in 2015 to 3,434 in 2025, and the rate per million drug exposure reports more than doubled in a single year, from 2,171 in 2024 to 4,445 in 2025 (Towers et al., 2026).

Polysubstance use drives severity. Kratom taken with other substances made up 38% of reports but 79% of the 233 kratom-associated deaths. These cases were hospitalized at about twice the rate of kratom-only cases. Opioids were present in 62% of fatal cases, followed by benzodiazepines and stimulants (20% each) and ethanol (19%) (Towers et al., 2026).

A widening user base. Males accounted for two-thirds or more of reports each year. Rates among adults aged 40 to 59 rose sharply and by 2025 nearly matched those of adults aged 20 to 39 (Towers et al., 2026).

7-OH is the emerging threat. The 2025 surge coincides with high-potency semisynthetic products such as 7-hydroxymitragynine (7-OH). The FDA is moving to restrict 7-OH, but not whole-leaf kratom; yet poison center data cannot distinguish product types (Towers et al., 2026; U.S. Food and Drug Administration [FDA], 2026).

THE NUMBERS MAY NOT SHOW THE WHOLE PROBLEM

There is no consistent national system for identifying kratom-related events. ED and EMS systems often rely on narrative text searches, and laboratory testing varies widely. As a result, the available figures are likely to capture only part of the problem and should not be viewed as a complete national count.

At the same time, the market is changing. The American Medical Association has raised concerns about concentrated 7-OH products being sold as flavored gummies, in brightly colored packaging, and in other candy-like forms that may appeal to young people. The AMA also noted increasing pediatric poison center exposures and called for stronger restrictions on products marketed or sold in ways that are accessible to minors (American Medical Association, 2026).

OVERDOSE RESPONSE STRATEGY FIELD DATA

Overdose Response Strategy teams throughout the United States contacted their public health partners in October of 2026 to determine the scope and changing nature of kratom use. The following is a high-level summary of their findings.

Emergency visits more than doubled. ORS teams in 12 states reported 445 kratom-related ED visits in 2024 and 1,369 in 2025, a 207.6% increase that parallels the 2025 poison center surge. Analysis of YTD ORS data for 2026 suggests that 2026 emergency visits will be dramatically higher than 2025 (ORS, 2026; Towers et al., 2026).

Deaths held steady overall. Across 26 states, kratom-related overdose deaths were essentially flat (784 in 2024; 782 in 2025; -0.3%). In the nine states reporting both measures, deaths rose 9.4% as ED visits rose 210.9% (ORS, 2026).

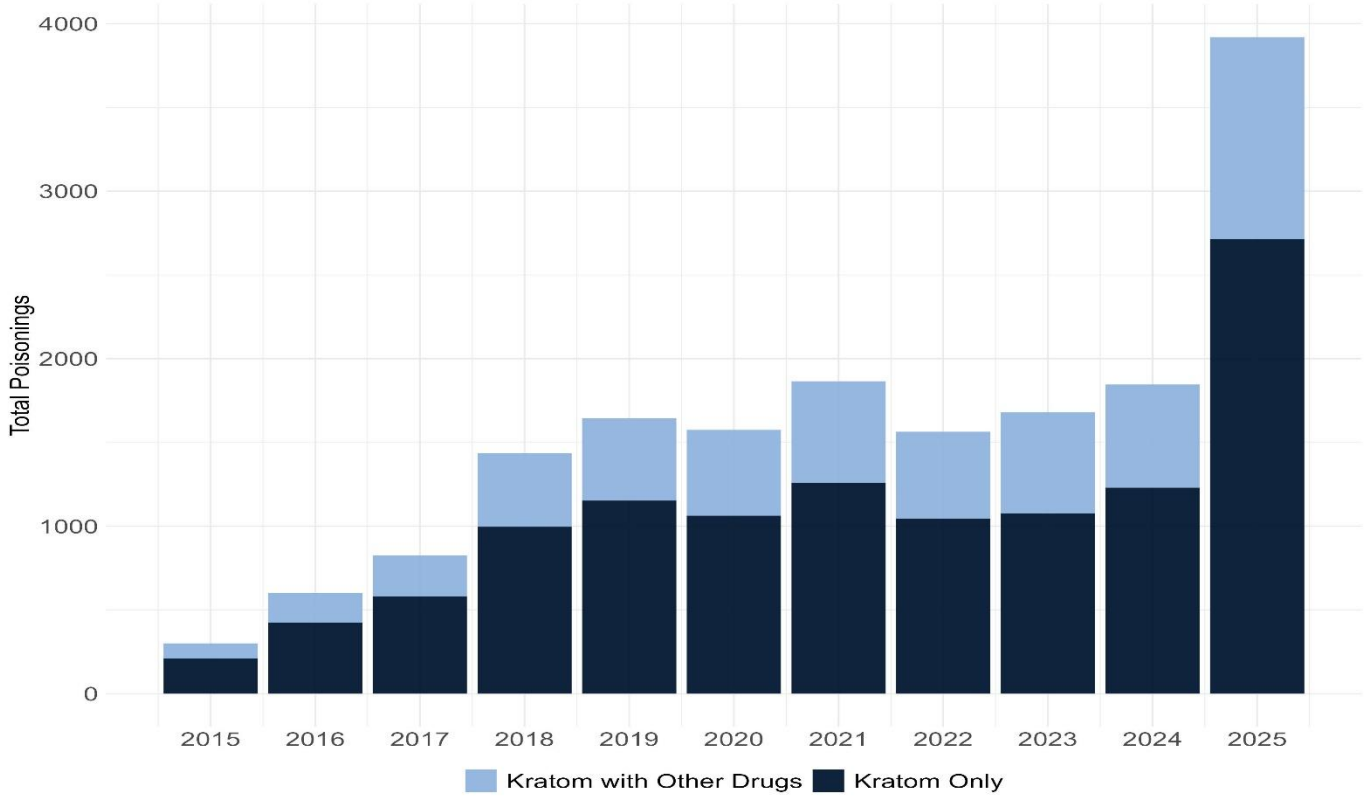
Table 1. *Kratom-Related Emergency Department (ED) Visits and Overdose Deaths Reported by ORS Teams, CY 2024 and CY 2025*

Measure	ED Visits	Deaths
All reporting states		
States reporting	12	26
CY 2024	445	784
CY 2025	1,369	782
Percent change	**+207.6%**	**-0.3%**
States reporting both (n = 9)		
CY 2024	375	235
CY 2025	1,166	257
Percent change	**+210.9%**	**+9.4%**

Note. Totals are sums across reporting states. States reporting both measures: Alaska, California, Hawaii, Idaho, Mississippi, Missouri, North Carolina, North Dakota, and South Dakota. Delaware, Kansas, and Louisiana reported ED visits only. Reporting methods may vary by state. Source: Overdose Response Strategy [ORS] (2026).

Figure 1. Frequency of Kratom-related Reports to Poison Centers Among Persons Twelve and Older by Kratom Only and Kratom with Other Drugs

Note. Bars show annual exposure reports to U.S. poison centers among persons aged 12 and older, divided into single-substance (kratom only) and multiple-substance (kratom with other drugs) reports. Data source: National Poison Data System, as reported in Towers et al. (2026).



POLICY CONSIDERATIONS

Treat kratom as a polysubstance risk. Most kratom deaths involve other drugs, chiefly opioids (Towers et al., 2026).

Focus on at-risk populations. Males between the ages of 20-39 have historically experienced the greatest risk for kratom exposure, with growing exposure for persons 40-59. Suspected suicide attempts appeared in 23% of multiple-substance reports, suggesting an overlap with mental health crises (Towers et al., 2026).

Distinguish leaf from 7-OH. As the FDA targets 7-OH products, seizure, retail, and toxicology reporting should record product type so higher-potency derivatives can be tracked separately (FDA, 2026; Towers et al., 2026).

Expect higher levels of potency. Overdose Response Strategy field data show that emergency department visits more than doubled between 2024 and 2025 in states with data for both years (ORS, 2026).

Strengthen state & national surveillance. Current systems do not consistently identify kratom or its newer derivatives. Standardized coding, toxicology testing, and reporting would provide a clearer national picture and help detect emerging threats earlier.

References

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