

WHAT TO KNOW ABOUT KRATOM

KRATOM REGULATION

Several states and local jurisdictions have laws regulating kratom, including some that have added kratom to their Schedule I controlled substance list. Others have age restrictions on purchasing, require labeling or child-resistant packaging.

In Oregon, the sale or distribution of kratom is prohibited to individuals under 21 years of age. The FDA continues to warn people against the use of Kratom because of the risk of serious adverse effects.

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KRATOM IN PREGNANCY

The FDA is aware of cases where newborns have experienced neonatal abstinence syndrome (comparable to opioid exposed babies[9]) after prolonged prenatal exposure to kratom.

There is a common misconception that herbal substances, due to being “natural” do not require special consideration or disclosure to a provider. With kratom, this belief is reinforced by marketing claims that promote it as a nonaddictive and risk-free alternative to opioids. As a result, many individuals are unaware of the potential risks associated with kratom use.

Healthcare providers working with women of childbearing age, including those who are pregnant or parenting, should screen for substance use, including kratom.

It is essential to inform pregnant women that exposure to substances, including kratom, during pregnancy can have adverse effects on the development of the fetus .



Kratom is a tree native to Southeast Asia. Its leaves are consumed in capsules, teas and extracts. Kratom is widely available in retail settings around Oregon.

In low doses, kratom acts as a stimulant and manifests as increased alertness, physical energy and talkativeness and more social behavior while in higher doses, it acts as a central nervous system depressant, whose effects can be variable and unpredictable.

The impact of kratom on an individual's body may also vary based on factors such as amount consumed, potency, method of consumption, personal medical history and other medications/substances the person may be using[5,6].

The use of kratom is increasing in the U.S., especially by those who are ages 18-25, as individuals seek to self-treat anxiety, depression, pain, and substance use disorders. [1]

PHARMACOLOGY

More than 25 alkaloids have been isolated from kratom, with mitragynine and 7-hydroxymitragynine being the primary active compounds. Both of these alkaloids act as partial agonists at the mu-opioid receptors. Additionally, mitragynine interacts with other brain systems, affecting serotonin, dopamine, norepinephrine, and kappa-opioid receptors. The effects of kratom are typically felt within 5 to 10 minutes of ingestion and can last for 2 to 5 hours.

USES

Kratom is primarily marketed as an energy and mood enhancer. In the United States, it has been used as an alternative pain reliever for chronic pain and as a treatment for opioid addiction, including withdrawal from prescription narcotics and heroin. However, its safety and effectiveness are yet to be clinically established.

In 2021, 1.7 million people in the United States aged 12 or older consumed kratom. [8] In Marion County, an estimated 28% of tobacco retailers also sell kratom. [7]

DRUG INTERACTIONS

Kratom can cause pharmacokinetic drug interactions by inhibiting enzymes such as CYP2D6, CYP3A4, and P-glycoprotein. It has significant interactions with medications like ACE inhibitors, tricyclic antidepressants, opiates, antipsychotics, benzodiazepines, and barbiturates, which could adversely affect the safety profile of these drugs. Kratom, due to its partial agonist activity on opioid receptors, has the potential to cause dependence. Discontinuing its use may trigger withdrawal symptoms, which can include irritability, anxiety, cravings, yawning, a runny nose, stomach cramps, sweating, and diarrhea—symptoms that closely resemble those of opioid withdrawal.



SAFETY CONCERNS

Kratom use comes with several effects ranging from nausea and vomiting to liver damage and hallucinations.[2] U.S Food and Drug Administration(FDA) also warns consumers of the risk of developing kratom-related substance use disorder.[3] There have also been reported cases of contamination with heavy metals and salmonella.

There is currently no FDA-approved medical use for kratom or its two main chemical compounds, and continues to warn consumers not to use kratom because of the risk of serious adverse events,.

There is a lack of research and information on potential long-term health effects of kratom use, potential interaction with other drugs, and the impact of driving while under the influence of kratom. [4]

Metabolites of kratom will not appear on a standard urine toxicology because mitragynine and its metabolites, like other new psychoactive substances (NPS), require a more sophisticated liquid chromatography-mass spectrometry which makes it difficult to detect .