Kratom

Harm Reduction Information

Not a psychedelic. Also called Mitragyna speciosa; its main alkaloids are mitragynine and 7-hydroxymitragynine (7-OH)

Last updated 10/28/2026

Please Read First

This page is educational. It is not medical, legal or professional advice, and I am not a physician or an attorney. This information was gathered from published harm reduction organizations, medical and legal sources, and my own training and experience, and I may have made mistakes. You are responsible for confirming anything here before you act on it, with a qualified medical provider and, for questions of law, an attorney. Laws and knowledge about psychedelics change quickly, and some of what is written here may have changed since the date above. Nothing here encourages anyone to break the law. It exists to reduce harm for people who will make their own choices. I do my best to keep up with current law and research, but I cannot promise that anything here is current or complete.

It is advisable to meet with a psychedelic-informed physician for an assessment before using any psychedelic or related substance.

Where this information came from: The sources listed under References, and my own training and experience.

This document was drafted with the support of Claude, an AI assistant. I reviewed it, and AI and I can both be wrong, so check anything that matters to you before you act on it.

What Kratom Is

Kratom is not a psychedelic. It is a tree, Mitragyna speciosa, in the coffee family, and the name also covers the leaves and everything made from them [1][2]. The tree is native to Southeast Asia, where fresh leaves have been chewed by laborers for energy and to ease fatigue [1]. It does not work the way psilocybin, LSD or DMT do; it acts mainly on opioid receptors. It sits in this library because it is not used in ceremony but runs in the same psychedelic circles, and because the medicines and conditions it clashes with matter in that work. This sheet is for people who run into it.

The leaf holds dozens of alkaloids. Two get most of the attention: mitragynine, the main one, and 7-hydroxymitragynine, usually written 7-OH [3][2]. Powdered leaf holds roughly 1 percent mitragynine and at most about 0.1 percent 7-OH [4]. Hold onto that picture, because the whole safety conversation about kratom in 2026 turns on one distinction: ordinary leaf products on one side, and concentrated or lab-modified 7-OH products on the other. They share a name on the label and very little else.

You will hear kratom, ketum, biak, thang and mitragyna [1]. Krypton is the name of a specific adulterated mixture, covered under Testing and Purity [1].

Where It Comes From

Kratom grows in Thailand, Malaysia, Indonesia and nearby countries. Traditional use there is leaf chewing or tea for work stamina [1]. Thai varieties and Malaysian varieties differ in their alkaloid mix. One source gives Thai mitragynine as up to 66 percent of total alkaloids and Malaysian as about 12 percent, with 7-OH at up to 2 percent of alkaloids [3]. The FDA banned kratom imports in 2014, and the DEA proposed placing kratom in Schedule I in 2016 and withdrew that proposal after public and congressional opposition [1][3].

The product market changed in the 2020s. Chemists learned that 7-OH makes up a tiny share of the leaf but can be made from mitragynine by oxidation, and most commercial 7-OH is made that way [5][4]. Concentrated products spread through gas stations, smoke shops and online stores. The FDA recommended in July 2025 that the DEA control 7-OH products, and in 2026 the DEA began the temporary scheduling process, which is covered under Legal Status [6][7][8].

About the Sources

PubMed, PubMed Central and several journal sites closed to me during this research, and a few agency pages did not load, so a good deal of the clinical detail here comes from agency pages (NIDA, FDA, DEA, HHS), a review I could open in full, news investigations, community wikis and a few summaries of other papers. The reference list says which is which. Several state-law sources are commercial pages (a rehab marketer and a telehealth company), and I mark them as weak. The law around 7-OH moved fast in 2026, and some of what I report is an announced intention, not a final rule.

What It Feels Like

No one can promise you what kratom will do. Kratom is not a psychedelic. The people who describe it speak of a body and mood effect, energy and calm at once, closer to coffee at the light end and to an opioid at the heavy end [9][10][2]. This section gives the range people report, so the first time holds fewer surprises. It rests on a ten-person interview study [11], a survey of 129 adults with a history of kratom use [12], a larger survey [13], an analysis of YouTube videos [14], a smartphone-logging study [15], one first-person account from a Boulder trade-journal writer [16], two community wikis [9][10] and NIDA [2]. Most of those voices belong to people who use kratom regularly, and the authors of one survey point out that people who quit may answer differently [12]. I read some of these sources only as abstracts or summaries, and the reference list says which.

The Body

For most people the body speaks first. In the interview study all ten described effects that were largely, even at the same moment, pain-relieving and stimulating [11]. Pain relief

was the most common benefit in the YouTube videos and is a leading reason for use in the large surveys [14][13][15].

The Boulder writer felt a fuzzy tingling in his hands and sweaty palms, and a heady buzz that was not the jitter of caffeine [16]. Heading home he felt wobbly, not quite drunk, strangely heavy-lidded, with a tight, uneasy stomach [16].

The stomach is where kratom most often objects. Nausea came up in 42 percent of the YouTube videos, and one speaker vomited for a long time [14]. In the survey of 129 adults, nausea led the unwanted effects people wrote in, followed by vomiting, constipation and headaches [12]. The powder is bitter and can catch the throat, and one respondent described gagging on it [12]. Itching and sweating are on the wikis' lists too [9][10].

Too much brings what users call the wobbles: eyes that feel jittery in the head, sometimes with twitching, a spinning feeling like drunk goggles, shakiness and cold sweats [11]. One survey respondent defined the wobbles as nausea and dizziness from taking too much, and said to lie down when they come [12]. For one interviewee they led to vomiting once or twice [11], and four of the 129 survey respondents wrote in wobbly eye movement [12]. The interview authors call the wobbles rare and suggest they may be a sign of serotonin toxicity, which is their speculation [11].

How It Tends to Move

People describe low amounts as caffeine-like, with more energy, sociability, focus and motivation, and larger amounts as opioid-like, with pain relief, sedation, calm and euphoria [9][10][2]. NIDA adds that studies have not confirmed that amount or method decides which effect appears [2]. In the interview study the stimulation and the pain relief came at the same time [11].

Onset is described in minutes and the effects as ending within hours; some respondents took more before the last dose wore off [12]. One interviewee felt a surge of energy on the first dose, but not high [11]. Stimulating effects tend to come first and fade first, and the calm or sedation comes later and lasts longer [10]. The Boulder writer's buzz and tingle came first. By the time he left he was wobbly and heavy-lidded, and later, with a seltzer, he settled from the wobbly stretch into a heady fuzz that felt good [16].

The end of a dose is described as fatigue after the last one in the interviews [11]. With frequent use the effects flatten and people chase them; breaks restore them [11]. Some survey respondents kept taking kratom after tolerance set in because they hoped to feel the effects again, and some blamed a bad batch [12].

Seeing and Hearing

The Boulder writer put music on and it sounded good, though he said it was no cannabis buzz [16]. The accounts I read describe a body and mood effect, and none describes visions.

Feelings

Mood lifts for many people. Between a quarter and a third of the YouTube videos mentioned a lifted mood or empathy, and about two thirds mentioned relief from anxiety [14]; most respondents in a large survey reported anxiety relief [13].

Interviewees disagreed about euphoria: one never felt it, and another described the effect as a better mood and not a high [11]. A survey respondent who had hoped for a coffee-like effect found it closer to two glasses of wine [12]. The Boulder writer's friend described a caffeine feeling that was more euphoric and said he felt less anxious, while the writer himself got an energetic, unfocused buzz without the focus of coffee [16].

Irritability is the other side. Some interviewees grew cranky or short-tempered on white strains or at higher amounts [11], and the YouTube speakers named loss of motivation, anger, dysphoria and mild depression among the unwanted emotional effects [14].

When It Is Hard

Too much is the most common hard thing, and it shows up as nausea, vomiting, dizziness, the wobbles, jitters, or sedation where energy was wanted [11][14][12]. The survey authors found that the average amount people called effective sat close to the amount they called a bit too much, so someone new to kratom can overshoot without meaning to [12].

In the Boulder account, a friend who drank more soon after his first drink vomited in his driveway; after he learned to take less at a time, the stomach trouble stopped [16].

About one in ten survey respondents wrote in anxiety or nervousness, and one linked a faster heart and nervousness to too much on an empty stomach [12].

Sleep goes both ways. In the interviews the effect on sleep depended on the strain [11]. The Boulder writer dozed off on the couch after a capsule, then took a long while to fall into a fitful sleep [16].

Dependence is covered under Addiction and Misuse, and the signs of an emergency are under Warning Signs.

What Shapes the Experience

Amount and tolerance matter most: stimulating at lower amounts, sedating at more, sick at too much [9][10][11]. Some survey respondents said the effects varied from one product or batch to the next [12].

Many users say white or green strains energize and red strains relax. One interviewee thought the difference was psychological and another thought it was specific to the batch [11]. The color names are marketing categories (see Forms You May Meet).

An empty stomach, or too soon after a heavy meal, was blamed for nausea in the interviews, and higher amounts dull the appetite [11].

Many people use kratom to manage pain, anxiety, low mood or opioid withdrawal. PsychonautWiki marks the claim that kratom helps with opioid withdrawal as lacking a citation, and NIDA says no approved medical uses exist and that it is studying kratom compounds as possible treatments for pain and opioid use disorder [9][2]. Your experience is yours to describe; the research does not yet back the claim, and people who lean on kratom to stay off other opioids are often the people for whom stopping kratom is hardest.

People also use it to get through physical work [10], while exercising, at work and on the way to work [11]. In a smartphone study of 357 regular users, most use fell in the daytime and was tied to energy, productivity and pain [15]. In the survey of 129 adults, just over half of the people who felt an effect each time said it fit their daily obligations and helped them meet them, and nearly three in ten said it fit without helping [12]. One interviewee said it really is all intention, what you plan to do and your reasoning behind it [11]. Combinations change both the experience and the risk; see Contraindications.

The Days After

One survey respondent wrote that kratom often makes them very tired after it wears off or after repeated doses on consecutive days, and another that they become unmotivated once the high wears off [12]. The wikis describe a hangover-like day after [9][10], and feeling better than usual the next day after lower amounts [10].

Stopping after regular use is covered under Addiction and Misuse. In the smartphone study, use that became a problem tended to be driven by wanting to avoid withdrawal [15].

How It Is Taken

Because the leaf is bitter and bulky, how it is taken shapes what happens. I give no amounts here. Where I could find a source, I name the risk of each form.

Swallowed as Powder, Capsules or Tablets

Powder is swallowed or stirred into a drink; capsules and tablets hold powder or extract. These forms are the most common ones sold as ordinary kratom. The powder is hard to take, which limits how much most people take, and nausea is a built-in brake that PsychonautWiki says makes a lethal amount of plain leaf powder unlikely, while a pure extract or isolated alkaloid is a different matter [9]. Strength varies by product.

Forms You May Meet

Products are sold as powder, capsules, tablets, teas, extracts, shots and, increasingly, gummies, dissolvable strips and drinks [7]. The leaf is also sold by color or vein names (red, green, white), which are marketing categories, and the interview authors note that there is no scientific indication that the strains differ [11].

Tea and traditional preparations. Boiled leaf as tea is the traditional form in parts of Southeast Asia and is the form used in at least one human pharmacokinetic study with a shorter half-life than powder studies [3]. Fresh leaf is chewed where the tree grows [1].

Extracts, shots and drinks. Liquid extracts and shots concentrate mitragynine, sometimes alongside kava or other ingredients, and the Colorado advocacy piece says shots with high mitragynine content and kratom-kava blends stayed on shelves after the 2025 law [17]. Shots are a route where a person can take much more than leaf powder would allow, quickly. Beverages can have unclear labels [4].

Concentrated and semi-synthetic 7-OH products. This is the form raising the most alarm. 7-OH products include tablets, powders, capsules, gummies, dissolvable strips, drinks and small shot-sized bottles, sold online and in gas stations, convenience stores and smoke shops [4][7]. The DEA describes the products as semi-synthetic, and how they are made is under Where It Comes From [7]. The FDA is concerned about fruit-flavored gummies and ice-cream-cone products that may appeal to children and teens and may be mislabeled as kratom [6]. How strong they are is under How It Works in the Body, and the dependence risk is under Addiction and Misuse.

Other Routes

I did not find enough reliable information on smoking, vaping or injecting kratom. Colorado's 2025 law bans kratom products that are combustible or intended for vaporization, per a bill summary [18].

How Long It Lasts

Oral onset is described as 5 to 40 minutes, depending on the source and the person, with effects lasting about 2 to 5 hours and after-effects of several hours more [1][9][10]. PsychonautWiki gives onset of 20 to 40 minutes, a peak at 1 to 2 hours, a total of 2 to 4 hours and an offset of 3 to 6 hours; TripSit gives faster onset (5 to 15 minutes) and 2 to 5 hours of effect [9][10]. The body clears mitragynine slowly. Reported half-lives range from about 3 hours with kratom tea to 7 to 39 hours in a study of ten people, with a mean around 23 hours in one table [3][1]. Those are small studies, and the spread tells you how individual this is. Effects fade well before the drug is gone, and regular use can keep levels up between uses (my reading of the half-life figures). In a survey of 129 adults with a history of kratom use, most said the effects began within minutes and ended within hours [12].

Nausea after higher amounts can last a day or two, according to PsychonautWiki [9]. The order in which the effects come and go is under What It Feels Like.

About Kratom and Its Effects on the Body

How It Works in the Body

Mitragynine and 7-OH are partial agonists at the mu-opioid receptor, the main target of morphine and fentanyl. They also touch other opioid receptors and receptors for dopamine, serotonin, adrenaline-family chemicals and adenosine [1][3][5]. Research suggests they favor one signaling route (G-protein) over the route (beta-arrestin) linked to some opioid side effects. That led people to hope kratom would depress breathing less. Wikipedia notes that newer evidence instead points to low intrinsic efficacy at the receptor as the reason [3]. The honest summary: kratom is likely gentler than full opioids at the receptor in some measures, it is not free of the opioid dangers, and the evidence on breathing is thin and mixed [1][9].

7-OH binds the mu receptor more strongly than mitragynine and appears to account for much of the opioid-like effect. Sources give it a potency well above mitragynine and, in lab binding, above morphine; the FDA commissioner described it as an opioid that can be more potent than morphine [5][6]. The liver makes 7-OH from mitragynine, with CYP3A4 the enzyme most clearly shown to do it in lab studies [19]. That has a consequence people rarely hear: whatever slows or speeds that enzyme can change how much 7-OH your own body produces from ordinary leaf (an inference from the lab data).

The leaf-versus-7-OH point matters most here. A pharmacologist at the University of Colorado explains that the effects of leaf and concentrated 7-OH are not different in kind; the concentration is what changes. Leaf powder is bitter and bulky, so people take a limited amount, while small shots or tablets of concentrate can deliver many times a usual amount, often with labels that do not say how much is inside [4].

Heart, Blood Pressure and Body Temperature

Reported cardiovascular effects include a fast heart rate, raised blood pressure with some products and lowered blood pressure at higher amounts [1][20]. NIDA lists heart problems among rare serious effects in case reports [2]. In a review of 935 poison-center exposures over seven years, a fast heart rate appeared in 16.9 percent, and cardiac or respiratory arrest in 0.6 percent [1]. Sweating and flushing are common reports [9][10].

Toxicity and the Mind

Overdose and deaths. The picture of kratom-associated deaths is not simple, and both common stories about it are partly wrong. One story says kratom kills no one. The other says kratom kills as heroin does. What the data show is that most deaths where kratom or mitragynine is found also involve other substances, usually opioids or other sedatives, and that deaths with kratom as the only substance do occur. A CDC review of overdose deaths from 2016 to 2017 counted 152 deaths with kratom detected, kratom as the main cause in 91 of them, and kratom as the only substance in 7 [1]. NIDA reports an earlier tally in which only 2 of 11 deaths involved kratom alone [2]. In a Florida analysis of 2020

to 2021 deaths, 551 people had mitragynine confirmed; 36 (6.5 percent) had kratom alone, 515 (93 percent) had more than one substance and 437 (79.3 percent) had at least one opioid. Having kratom in the body was linked to higher odds of dying of drug intoxication even after adjusting for other factors, and opioids were linked to even higher odds [21].

The Tampa Bay Times investigation of Florida autopsy reports since 2010 found over 580 kratom-related overdose deaths, 46 of them with kratom alone (about 8 percent). Over three-quarters of the combination deaths involved fentanyl. Among the kratom-only deaths, at least a fifth involved concentrated products and about half had blood mitragynine above 1,000 nanograms per milliliter. The reporters, and the scientists they quote, say no fatal level has been agreed and that it is unclear which alkaloid is responsible; a kratom lobbyist called the death toll grossly overstated [22]. The cases I could read about include a Colorado man, Daniel Bregger, who died in 2021 after a high-strength product and diphenhydramine (an antihistamine); his family said he did not know the product's strength [4]. An advocacy writer disputes tying his death to 7-OH, saying commercial 7-OH products were not on the market then [17]. I report both and cannot settle it.

What this means in practice: the biggest risk is combining kratom with other sedating drugs, followed by concentrated products whose strength is unknown. A pure-leaf product taken alone appears to be much less likely to kill, and the evidence for that is mostly the absence of deaths, with limits on testing and reporting. Mitragynine is also not routinely found on standard drug screens, which means some kratom deaths may be missed and some deaths blamed on kratom may have had other drugs nobody looked for [20].

Breathing. Evidence is sparse and mixed. A 2018 review is reported to find that the alkaloids do not cause respiratory depression in the usual sense, while the FDA lists it as a concern; the poison-center review recorded respiratory depression in 2.8 percent and coma in 2.3 percent [1]. PsychonautWiki says heavy amounts can depress breathing, less than heroin or morphine, and warns that concentrated extracts could reach dangerous levels [9]. In animal work, intravenous mitragynine and 7-OH both depressed breathing [5]. I would treat any large amount of concentrate, or any amount combined with other sedatives, as capable of slowing breathing.

Liver injury. The FDA lists liver toxicity among its concerns [23]. The Drug-Induced Liver Injury Network found 8 kratom cases among 404 herbal and supplement liver injuries from 2004 to 2018; 7 were convincingly linked. Onset came after a median of 22 days of use (range 15 to 49), the pattern was a mix of liver-cell and bile-flow injury, symptoms included itching, jaundice, belly pain and fever, six patients were hospitalized, and all recovered without a transplant. All seven used alcohol, and the products tested held no other common liver poisons [24]. Other sources describe a similar picture with a median latency of about 3 weeks, and say the mechanism is unknown and the injury appears unpredictably in a small minority of users [1][2]. Two individual cases summarized by

Drugs.com involved a man on kratom powder for 2 weeks and a man taking quetiapine and sertraline, both with cholestasis [20]. The signs to watch for are under Warning Signs.

Seizures. The FDA lists seizures [23]. NIDA names them among rare serious effects [2]. In the poison-center review, seizures were recorded in 6.1 percent of exposures [1]. Wikipedia says frequent high-dose use may cause them, and that animal work found seizures in surviving mice given mitragynine [1][5]. Combining kratom with other drugs that lower the seizure threshold (tramadol and bupropion are examples) is a reasonable worry, and I mark that as inference.

Other reports. Chronic use is also linked in sources I could read to appetite and weight loss, constipation, skin darkening, lower sex drive, apathy and, in the poison-center review, a rare breakdown of muscle (rhabdomyolysis) at high amounts [1][9].

Agitation, confusion, psychosis. Poison-center data recorded agitation in 18.6 percent of exposures, drowsiness in 13.6 percent, confusion in 8.1 percent and hallucinations in 4.8 percent [1]. Wikipedia says frequent high-dose use may cause psychosis and that it is unclear whether kratom causes it or reveals an existing condition [1]. TripSit lists psychosis, convulsions and hallucinations as rare [10].

Pregnancy and newborns. NIDA reports at least five infants whose mothers used kratom regularly and who had opioid-like neonatal abstinence syndrome, though many cases also involved other substances [2]. Wikipedia describes jitteriness, poor feeding, irritability and sleeplessness, with some babies needing hospital care and morphine weaning, and says the amount of use that triggers this is unknown [1]. Drugs.com says to avoid kratom during pregnancy and lactation, since safety data are lacking [20].

Overall severity in poison-center data. In CDC-reported exposures from 2010 to 2015 (660 cases), 24.5 percent had minor outcomes, 41.7 percent moderate and 7.4 percent major, and 92.6 percent resolved without lasting disability. One death in that group involved paroxetine and lamotrigine [1]. Poison-center calls rose from under 200 in 2014 to about 1,600 in 2024, and about 40 percent of the 7-OH reports involved abuse [5]. Call counts depend on who calls and what is tested for, so they say nothing about how common harm is among all users.

Legal Status

Last checked 10/28/2026. This area changed several times in 2026 and is changing now, so treat everything below as a snapshot and look at the dates.

Federal

Where things stand today: kratom leaf and mitragynine are not controlled substances under federal law, and 7-OH is not yet one either. A Congressional Research Service review updated 10/26/2026 says that, absent final action by the DEA or Congress, 7-OH is not a controlled substance [8]. That sits next to a second fact that surprises people: the

FDA says kratom is not lawfully marketed in the United States as a drug, a dietary supplement or a food additive, and treats kratom supplements as adulterated. Not scheduled and not lawfully marketed are different things, and both are true [23]. The FDA has enforced against products, including warning letters and seizures, and it has blocked imports since 2014 [1][8].

The 7-OH timeline, as I could verify it: on 7/29/2025 the FDA recommended that the DEA control certain 7-OH products, saying its action targets 7-OH and is not aimed at natural leaf products, and noting warning letters to seven companies in June 2025 [6]. On 7/1/2026 the DEA announced its intent to temporarily place 7-OH and three related substances in Schedule I [7]. Two filings were published 7/6/2026 [8]. On 8/26/2026 the DEA issued a final temporary order placing mitragynine pseudoindoxyl, MGM-15 and MGM-16 in Schedule I through 8/26/2028, and extended the comment period on 7-OH to 9/10/2026 [8].

Then, on 10/14/2026, the DEA published a revised statement of intent (91 FR 65370) after an HHS recommendation dated 10/8/2026. It would control 7-OH and mitragynine pseudoindoxyl, alone or combined, when a product is above 1 mg per gram (solids) or 1 mg per mL (liquids), or when the mitragynine-to-7-OH-plus-pseudoindoxyl ratio is under 100. The temporary order is to be published on or after 11/13/2026, takes effect on publication, and lasts two years with a possible one-year extension. The DEA is withdrawing its earlier July filing for 7-OH [25]. As of today I found no published temporary order for 7-OH, and the earliest date given is 11/13/2026. One commercial page states the DEA proposed these rules on 10/9/2026, which does not match the Federal Register date and which I treat as an error [26].

What would be covered and what would not: the DEA says the filing does not schedule mitragynine or kratom leaf, that it continues to view kratom and its two main alkaloids as drugs of concern, that a product under the threshold is not thereby safe, and that the action does not override stricter state laws [25]. A CRS report notes that temporary scheduling orders are not subject to judicial review, and that handling covered substances outside approved research would then be a federal crime [8]. Several bills in Congress that would address 7-OH or kratom drinks have been introduced (the END 7-OH Act, the End Gas Station Heroin Act and the Safe Sips Act of 2026), and I did not find that any has passed [8]. So for now: leaf is legal federally, concentrated 7-OH is in a gap that is closing, and what you buy under the name kratom may fall on either side of the line the DEA is drawing.

Colorado

Colorado regulates kratom and has not banned it. Kratom is not one of the plants or fungi named in Proposition 122, so the Natural Medicine Health Act does not protect it or cover it [27]. Two statutes matter. SB22-120 (signed 5/26/2022) set rules that took effect on 7/1/2024: no adulterating kratom with fentanyl or other controlled substances, a label with

the manufacturer and full ingredients, no sale or display where people under 21 can get it, and $200 civil infractions for selling to someone under 21 or skipping the ID check [28].

SB25-072, the Daniel Bregger Act (signed 5/29/2025 and in effect that day), tightened this. According to the bill summary and news coverage, it bars sales to people under 21, caps 7-OH (at 2 percent of the alkaloids), bans products made from synthesized or semi-synthesized alkaloids, bans adulterated, candy-like and child-appealing products and products that are combustible or meant for vaporization, requires specified label information, and treats violations as deceptive trade practices under the Colorado Consumer Protection Act, which the Attorney General enforces [18][29]. Lawmakers dropped a requirement that makers register with the state to avoid a fiscal note [29].

The law is contested. An advocacy writer says it excludes many 7-OH products from the definition of kratom product and leaves 7-OH above the cap unregulated, creating, in her words, a fragmented and unclear system [17]. Supporters called the cap in line with the science and a first step [29]. Sales of high-strength 7-OH are the kind of thing the state wanted to stop, and the federal action is coming on top of it.

A rehab-marketing page reports that no new state kratom law passed in the 2026 session, that the Attorney General announced a $152,000 settlement on 9/21/2026 with a wholesale distributor and 15 smoke shops, and that local rules exist: Monument and Parker ban sales, Castle Rock voted 6 to 1 on 9/15/2026 to ban retail sales, and Denver issued a 2017 health order that the city stopped enforcing in 2022 [30]. If you live in a Colorado city, call the city clerk.

Other States

Lists of states that ban kratom differ by source and by date. One telehealth company table dated 10/13/2026 lists Alabama, Arkansas, Connecticut, Indiana, Kansas, Louisiana, Massachusetts (a temporary emergency order), North Dakota, Tennessee, Vermont and Wisconsin, notes that Rhode Island reversed its ban with a Kratom Act effective 4/1/2026, and lists a Kentucky sales ban starting 1/1/2027 [26]. Wikipedia lists Alabama, Arkansas, Connecticut, Indiana, Kansas, Louisiana, Rhode Island, Vermont, Massachusetts and Wisconsin, and reports a Kansas ban signed 4/10/2026 and a North Dakota ban from 8/5/2026 [1]. PsychonautWiki lists Wisconsin, Arkansas, Tennessee, Indiana, Rhode Island and Vermont [9]. These do not agree, and two of the three are commercial or community pages. Check your state's own legislature or health department before you rely on any list.

Several states have acted on 7-OH specifically, according to the same sources: Florida (an emergency rule), Ohio, Virginia and California (a public health order), and states that cap or limit concentrated 7-OH including Colorado, Mississippi, Texas and Utah [26][1]. Because this changes month to month, the date at the top of this section is the only date I can vouch for.

Contraindications

Evidence key: CT means controlled trial data, CASE means case reports, REPORTS means self-reports or community experience, and THEORY means expected from the pharmacology with no kratom report found. Kratom is a hard substance to map, because it does two things at once: it acts like an opioid, and it changes how your liver handles other medicines. Never stop a prescribed medicine on your own; talk to the prescriber first, since stopping can carry its own risk. Where I give an interaction from lab or modeling data, I say so.

Medications

Opioids (fentanyl, morphine, codeine, methadone, heroin, tramadol, loperamide). Kratom acts at the same receptor, and the combination adds to sedation and slowed breathing. Drugs.com lists fentanyl and morphine among drugs with serious or fatal reports with kratom and advises against pairing with loperamide [20]. The death data under Toxicity and the Mind show an opioid in most deaths with kratom in the body [21] [22]. PsychonautWiki notes cross-tolerance with other opioids [9]. CASE and REPORTS.

Tramadol and O-desmethyltramadol. Tramadol is an opioid that also lowers the seizure threshold, and PsychonautWiki lists it as a dangerous combination [9]. O-desmethyltramadol has been added to kratom products; see Testing and Purity [1][9]. CASE.

Benzodiazepines (diazepam, alprazolam, lorazepam, clonazepam). PsychonautWiki and TripSit both warn against combining kratom with benzodiazepines, and PsychonautWiki says the combination can be fatal; Drugs.com names diazepam among drugs commonly used with kratom [9][10][20]. Many benzodiazepines are also broken down by CYP3A4, which kratom alkaloids can inhibit, and modeling estimated that kratom could raise exposure to midazolam about 5.7-fold; that is a model, not a measured result in people I could read [19]. REPORTS and THEORY.

Other sedating drugs (carisoprodol, quetiapine, diphenhydramine, GHB and GBL, ketamine, nitrous oxide, PCP, MXE). Drugs.com lists carisoprodol, diphenhydramine and others with serious or fatal reports and says kratom may raise quetiapine levels and add to its sedation [20]. PsychonautWiki lists GHB and GBL, ketamine, nitrous, PCP and MXE as dangerous combinations [9]. The Colorado death that involved diphenhydramine is under Toxicity and the Mind. CASE and REPORTS.

Antidepressants (SSRIs, SNRIs, tricyclics, bupropion, mirtazapine). Drugs.com's liver case involved a man on sertraline and quetiapine, and one poison-center death involved paroxetine and lamotrigine [20][1]. Many of these medicines are broken down by CYP2D6, which mitragynine inhibits in lab studies, so levels could rise (modeling shows a meaningful effect for dextromethorphan, a CYP2D6 substrate) [19]. Kratom touches serotonin receptors [1]. THEORY, with CASE for the two named combinations.

Antipsychotics (quetiapine, risperidone, aripiprazole and others). Quetiapine is named by Drugs.com for raised levels and added sedation [20]. Others share the CYP2D6 and CYP3A4 pathways, which is an inference. THEORY.

Stimulants (amphetamine, methylphenidate, cocaine, caffeine) and modafinil. Drugs.com says kratom may enhance the adverse or toxic effects of sympathomimetics, and lists modafinil, propylhexedrine and caffeine among substances with serious or fatal reports alongside kratom [20]. PsychonautWiki lists stimulants as a dangerous combination [9]. REPORTS and CASE.

MAO inhibitors (phenelzine, tranylcypromine, moclobemide, harmine, harmaline, Syrian rue, Banisteriopsis caapi). PsychonautWiki lists MAOIs as a dangerous combination without explaining why [9]. This matters for anyone who also works with ayahuasca. THEORY and REPORTS.

Dextromethorphan. PsychonautWiki lists it as a dangerous combination, and modeling suggests kratom raises dextromethorphan exposure by inhibiting CYP2D6 [9][19]. THEORY and REPORTS.

Medicines broken down by CYP3A4 or CYP2D6 in general. A 2021 review says mitragynine inhibits CYP2D6 reversibly and CYP3A4 in a time-dependent (mechanism-based) way, and that CYP2C19 inhibition may also matter, while CYP2C9 inhibition looks minor. It judges these potentially significant but based on lab and modeling data, not clinical studies [19]. Named examples of CYP3A4 substrates are midazolam, simvastatin and tacrolimus; CYP2D6 substrates include dextromethorphan, codeine, tamoxifen and many beta blockers; CYP2C19 substrates include omeprazole and clopidogrel. Those drug names are my illustration of the enzyme classes, not findings from kratom studies. THEORY.

Strong CYP3A4 inhibitors and grapefruit. Because CYP3A4 makes 7-OH from mitragynine, drugs that block it (ketoconazole, itraconazole, clarithromycin, ritonavir) could change the balance of the two; PsychonautWiki lists grapefruit among potentiators and dangerous combinations [9][19]. THEORY.

Medicines that affect the liver (acetaminophen, methotrexate, some antibiotics and anti-fungals). Kratom is linked to liver injury, and Drugs.com notes acetaminophen as commonly used alongside kratom [24][20]. Adding another liver-stressing drug is a reasonable worry and an inference. THEORY.

Lithium, anticonvulsants and drugs that lower the seizure threshold. Kratom is linked to seizures, so stacking another seizure-threshold drug (tramadol, bupropion) is a concern, and a paroxetine-lamotrigine death was reported [23][1]. THEORY and CASE.

Datura and other deliriant plants. Drugs.com lists Datura stramonium among serious or fatal reports with kratom [20]. Those plants have their own sheet. CASE.

Conditions

Liver disease or a history of liver injury. Kratom has caused liver injury in people with no major illness, so a damaged liver has less room [24]. CASE.

Seizure disorders. See Seizures under Toxicity and the Mind [1][23]. CASE.

Heart disease, arrhythmia and high blood pressure. See Heart, Blood Pressure and Body Temperature [1][2]. CASE.

Pregnancy and breastfeeding. See Pregnancy and newborns under Toxicity and the Mind [2]. Drugs.com says do not use during pregnancy or lactation [20]. CASE.

Psychosis, mania, bipolar disorder and severe anxiety. See Agitation, confusion, psychosis under Toxicity and the Mind [1]. CASE and THEORY.

A history of opioid or other substance use disorder. In one survey summarized by Wikipedia, 25.5 percent of kratom users met substance use disorder criteria, and people with another substance use disorder had 2.83 times the odds of meeting kratom addiction criteria [1]. REPORTS.

Breathing problems and sleep apnea. No kratom-specific source found. Because kratom can slow breathing in higher amounts and with sedatives, this is an inference. THEORY.

Being at high risk from Salmonella. The CDC advised people at risk of severe Salmonella infection to avoid kratom after the 2018 outbreak [31]. CASE.

Chronic constipation or bowel problems. Constipation is a common effect, and PsychonautWiki links chronic use with bowel obstruction [9]. REPORTS.

Eating disorders and malnutrition. Chronic use is linked with appetite and weight loss and severe nausea [1][9]. THEORY.

Other Substances and Combinations

Combinations of medicines get their own document with a large warning at the top; this section is the short version for kratom. Kratom is mostly a story about combinations: the deaths in the data are mainly combination deaths, so this is the part of the sheet to read twice. Opioids, benzodiazepines, other sedating drugs, stimulants, MAO inhibitors, ketamine and nitrous oxide are named under Medications.

Alcohol. PsychonautWiki lists alcohol as a dangerous combination and says kratom with alcohol or benzodiazepines can be fatal [9]. All seven patients in the liver injury series used alcohol, which is an observation, not proof of an interaction [24]. This is a community-wiki rating plus a small case series.

Serotonergic psychedelics (psilocybin, LSD, DMT and others). PsychonautWiki says chronic kratom use may reduce the effects of serotonergic psychedelics, which is a single community statement with no mechanism or study I could find [9]. What I can add is

pharmacology: kratom alkaloids touch serotonin receptors, they slow some liver enzymes, and an opioid-like sedative can cloud an experience that needs a clear head [1][19]. That is reasoning, not data.

Ayahuasca and MAO inhibitors. MAO inhibitors are under Medications. A person who dieta-fasts, takes an MAOI brew and also has kratom in the body is outside anything anyone has studied.

Kava and other sedating plants. Kratom-kava blends are sold as drinks [17]. Kratom is linked to liver injury [24]; the worry about stacking it with kava is my inference.

Not covered by any source I found. Cannabis, MDMA and other substances not named above. Ask a physician.

Addiction and Misuse

Physical dependence and withdrawal are real with kratom. This is one place where I will not soften the picture. NIDA says some people report mild to moderate withdrawal when they stop regular use and a minority report withdrawal or substance use disorder symptoms; the DSM-5 has no kratom-specific diagnosis, and no approved treatment exists for kratom withdrawal or kratom use disorder [2]. Wikipedia summarizes that long-term high-dose use can cause tolerance, dependence and withdrawal, with appetite and weight loss, insomnia, muscle spasms and pain, yawning or sneezing, jerking movements, watery eyes, hot flashes, fever, diarrhea, restlessness, anger and sadness [1]. Drugs.com adds aggression, dysphoria, a runny nose and high blood pressure [20].

How hard and how common it is depends on who you ask. PsychonautWiki says most regular users experience some withdrawal and criticizes the belief that herbal status makes stopping risk-free; TripSit, in a page last edited in 2016, calls withdrawal generally short and mild [9][10]. A review summarized by Wikipedia says reviews disagree on whether kratom withdrawal is milder than opioid withdrawal or can be severe, and one summary cites relapse rates of 78 to 89 percent three months after stopping, with tolerance and dose escalation within weeks in vulnerable people [1]. I could not check that last figure against the original study, so treat it as a signal and not a statistic. Tolerance builds with repeated use and falls over days to weeks after stopping, according to PsychonautWiki and TripSit [9][10].

How common dependence is among people who use kratom regularly varies by study. Five of the ten interviewees met some criteria for kratom use disorder (three mild, one moderate, one severe) [11]. In the survey of 129 adults, 31 percent had met criteria at some point and 20.9 percent had quit entirely, and unwanted effects after a day or more without kratom were rated worse by people with more weeks of regular use [12].

The 7-OH products change the odds. A University of Colorado pharmacologist calls 7-OH the form of kratom people can become addicted to, and animal studies show reward-seeking and withdrawal signs with 7-OH and mitragynine [4][3][5]. Wikipedia lists

dependence and addiction liability as high for 7-OH [5]. If you have been using a concentrated product and want to stop, a clinician who works with opioid dependence is a better first call than a forum. TripSit mentions medicines such as dihydrocodeine and lofexidine for withdrawal in a 2016 page; those are prescription decisions and not self-treatment [10].

Addiction means loss of control, craving and use that continues despite harm, often with withdrawal. Misuse means use that raises risk or causes harm: using more than you meant to, using to avoid feelings or pain without other support, mixing with other sedatives, or using a product whose strength you do not know. People can misuse kratom without being addicted, and people can be physically dependent without being in a crisis. These definitions are my own working ones. A practical sign worth watching: if you cannot skip a day without feeling sick, that is dependence, whether or not you call it a problem.

Testing and Purity

What Is Really in the Product

Three separate problems show up in the evidence. First, strength and type: DEA laboratory findings say commercial 7-OH products often contain more 7-OH than botanical kratom, and the new federal threshold exists because products labeled as kratom can hold concentrated or semi-synthetic 7-OH [7][25]. Second, other drugs: O-desmethyltramadol, a tramadol metabolite, has been added to kratom products, including the Krypton mixture linked to deaths in Sweden, and caffeine was in that mixture [1][20]. Fentanyl adulteration is why Colorado's 2022 law bars it by name [28]. Third, contamination: the FDA has warned of Salmonella and heavy metals in kratom products that have caused documented illness, and NIDA also names heavy metals and harmful bacteria [23][2].

The Salmonella outbreak is the best-documented case. The CDC counted 199 people ill in 41 states from 1/11/2017 to 5/8/2018, with 50 hospitalized (38 percent of those with information) and no deaths. Six serotypes were involved, and of 103 people interviewed, 76 reported kratom, mostly powder. The investigation ended on 5/24/2018 without a single source, and the CDC warned that contaminated product could remain on sale or at home [31]. Wikipedia reports that the FDA issued its first mandatory recall in April 2018 for one brand [1]. The Tampa Bay Times had a University of Florida lab test 20 products; the sample was small, so I do not generalize from it [22].

Test Kits and Labs

Fentanyl test strips detect fentanyl, and a negative strip result speaks only to the small sample tested; that is general harm reduction knowledge, not a kratom study. Standard urine drug screens do not look for mitragynine or 7-OH, and Drugs.com notes that finding O-desmethyltramadol without tramadol suggests a Krypton-type product [20].

The question that matters, whether a product is above or below the federal 7-OH threshold, takes a lab to answer, since a product at 1 mg per gram looks the same as one at 10. Colorado requires per-serving mitragynine and 7-OH amounts on labels, but one source says the law does not require state lab testing or registration, so the label rests on the maker's honesty [30][18]. Practical advice from me, not from a study: buy from a seller who posts a recent third-party certificate of analysis for that batch, showing alkaloid percentages, heavy metals and microbes, and treat a missing one as an answer.

Preparation and Integration

No dosing or timing numbers are given here. Those are left to the sources and a medical provider. The data on kratom around psychedelic work are close to nonexistent, so this section is built from the pharmacology above and from what I know of how people prepare for deep work, and I say which is which.

Before

Start with what you take. Know whether your product is leaf or concentrate, how often you use it, and what you take it for. Read the medicine list under Contraindications and bring it, along with your kratom use, to a prescriber or a psychedelic-informed physician; people often leave kratom off the list they give, and it changes how the liver handles other drugs [19]. If you use it daily, you are probably physically dependent, and that is information you can plan around [2].

If you use kratom daily and plan psychedelic work, withdrawal does not wait for a convenient moment; it can begin when a dose is skipped for a ceremony, and restlessness, aches, sweating and low mood on top of a hard journey are a lot to carry [1] [9]. Stopping suddenly right before deep work is not a plan I would recommend, and a clinician can help you decide what to do. Ask the prescriber whether any medicine you take is affected. If you have used kratom to manage pain, anxiety or opioid cravings, the work may stir those things up; having support lined up beforehand matters more here than elsewhere.

Plan for the gap in knowledge. Because there is no research on kratom within a day or so of a psychedelic, the careful choice is to keep the two apart and not combine them without a clinician who knows both. That is a judgment call on my part, not a finding.

Do not drive or run machinery after kratom [10]. If you are prone to nausea, eat lightly; how long nausea can last is under How Long It Lasts [9].

Choosing a Facilitator

If you plan psychedelic work and use kratom daily, tell your guide, facilitator or sitter. A sober sitter should know what you have taken and when.

If kratom is on the table around a ceremony or session, do not use it to soften a hard moment mid-journey; sedating drugs on top of a psychedelic can blur what is happening

and cloud the judgment of the people watching over you. If someone has used kratom or 7-OH and becomes very drowsy, hard to wake or slow to breathe, treat it as an emergency (see Warning Signs).

After

If you take kratom to settle after strong experiences, ask yourself whether it is soothing you or covering something. Neither answer is wrong; the question tells you how much support you need. If you are using more than you planned, or using to avoid feeling, talk to someone you trust and consider a clinician. If you decide to cut back, do it with help, because the first days are the hardest and, per the sources above, are when many people go back to using [1]. Fireside Project can talk with you about the psychedelic part of what you are working through; it is not a medical service [32].

If You Need Help Now

In a medical emergency, call 911. If you are in emotional crisis, you can call or text 988. Fireside Project has trained volunteers who talk with you by phone or text during and after a psychedelic experience, and DanceSafe sells kits for testing what you hold.

Warning Signs

Call 911 for someone who cannot be woken, is very slow to respond, is breathing slowly or has stopped breathing, or has blue or gray lips. Kratom can act like an opioid, concentrated 7-OH is stronger, and most deaths involve other sedating drugs [21][22][7]. Stay with them and place a breathing person on their side in the recovery position, which PsychonautWiki gives for an unconscious person [9]. Tell dispatch exactly what was taken, including any 7-OH product, tramadol, benzodiazepines or other sedatives, and keep the packaging for responders. Naloxone (Narcan) reverses opioids such as fentanyl. I did not find a study of naloxone for kratom alone, but because kratom products may carry opioids and because a person who is unresponsive with slow breathing needs every tool, tell the dispatcher and give it if you have it. That is my reasoning, not a kratom protocol. If breathing stops, start CPR as the dispatcher directs.

Call 911 for a seizure; keep hard objects away, put nothing in the mouth, and note the time. Call a doctor or urgent care for yellowing of the skin or eyes, dark urine, itching, pale stools or belly pain, especially in the weeks after starting or increasing use; these are the pattern of kratom liver injury [24]. Fever, diarrhea and cramps after using raw kratom powder can mean Salmonella, and the CDC says people at risk of severe infection should avoid kratom [31].

Call 911 for chest pain, a racing heart that does not settle, fainting or shortness of breath [1][2]. Call for severe agitation, confusion, hallucinations or danger to self or others [1]. A baby born to someone who used kratom who is jittery, feeding poorly, irritable or not sleeping needs a doctor right away; tell the team about the kratom [1][2].

Withdrawal is usually not an emergency, but see a clinician if you cannot keep fluids down, have a fever, cannot stop vomiting, are in severe pain or distress, have thoughts of hurting yourself, or are relapsing repeatedly [1][2]. SAMHSA's National Helpline, 1-800-662-4357, offers free treatment referrals at any hour [2].

For suicidal thoughts, call or text 988, any hour [33]. Poison Help at 1-800-222-1222 is free and confidential [34]. Fireside Project at 62-FIRESIDE (623-473-7433) is open daily from 11 a.m. to 11 p.m. Pacific time, which is noon to midnight Mountain time. Its volunteers are trained peers rather than clinicians, and it is not a medical service or a suicide line [32].

Where to Find More Information and Support

Amounts, timing and combinations are best checked against these sources and with a medical provider, because they are updated more often than this sheet. Erowid, TripSit and PsychonautWiki include user reports and community writing, so read them as experience as well as research.

Erowid: https://erowid.org

DanceSafe: https://dancesafe.org

TripSit: https://tripsit.me

PsychonautWiki: https://psychonautwiki.org

Zendo Project: https://zendoproject.org

Fireside Project: https://firesideproject.org

MAPS: https://maps.org

Poison Help: 1-800-222-1222

For Kratom Questions

National Institute on Drug Abuse, kratom: https://nida.nih.gov/research-topics/kratom

FDA, kratom and 7-OH information: https://www.fda.gov/news-events/public-health-focus/fda-and-kratom

Congressional Research Service legal sidebar on 7-OH scheduling, updated 10/26/2026: https://www.everycrsreport.com/reports/LSB11457.html

Colorado SB25-072 bill page: https://leg.colorado.gov/bills/sb25-072

SAMHSA National Helpline, free treatment referrals: https://www.samhsa.gov/find-help/national-helpline

PsychonautWiki kratom page, community written: https://psychonautwiki.org/wiki/Kratom

Mailing Lists

Erowid Monthly, a free email list: https://www.erowid.org/about/about_announcements.shtml

Erowid Extracts, the members' newsletter: https://erowid.org/membership/

MAPS email newsletter: sign up at https://maps.org

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