



KRATOM: FACT VS. FICTION

More than 2 million Americans safely consume Kratom to improve their health and well-being and have done so for decades. It is regulated by the U.S. Food and Drug Administration (FDA) as a dietary supplement, and people who consume Kratom report doing so for the same reasons as people who drink coffee, tea, or other caffeinated beverages. Surveys show that Kratom consumers are educated, middle-income, employed, and have health insurance. Despite being used responsibly for decades in the United States, there are many misconceptions about Kratom, making it difficult to tell fact versus fiction.

FICTION:

Kratom is an opioid just like heroin.

FACT:

Drugs like heroin, oxycodone, and other “classic” opioids are full opioid agonists, meaning they fully bind to and activate the brain’s receptors. Kratom, on the other hand, is a partial agonist, producing milder effects with lower dependence and abuse potential. Evidence suggests Kratom does not cause respiratory depression like other opioids, a common cause of fatal overdoses.

FICTION:

Kratom should be classified as a Schedule I controlled substance, ranking it higher than cocaine and methamphetamine.

FACT:

Schedule I substances are without accepted medical use and have a high potential for abuse. Published analyses have shown that Kratom does not meet the test to be a Schedule I drug and does not fit into the FDA’s 2017 abuse potential assessment guidance. Respondents to official surveys from the federal Substance Abuse and Mental Health Services Administration do not report abusing Kratom or seeking treatment for Kratom dependence, refuting claims from treatment clinics that Kratom abuse is prevalent. While many independent scientists have said Kratom holds the potential to address pain, scheduling Kratom will make any further research on the product virtually impossible.

FICTION:

Kratom is highly addictive and prone to abuse.

FACT:

Similar to coffee, tea, and other caffeinated drinks, consumers may become dependent on Kratom with daily use, which is not the same as addiction. Many people need a cup of coffee to wake up in the morning, but we wouldn’t say that they’re “addicted” to coffee. “Withdrawal” symptoms of Kratom are comparable to those of caffeine, nicotine smoking cessation aids, or antidepressants. Unlike substances with high abuse potential, increasing the dosage of Kratom does not lead to exponentially stronger euphoriant effects.

FICTION:

Kratom is responsible for more than 44 deaths according to the U.S. Food and Drug Administration (FDA).

FACT:

There are no deaths directly linked to Kratom consumption. Recently published studies found no evidence of deaths linked to Kratom, and publicly-available data show that nearly all of the recently reported fatalities were found to have multiple substances present in their system at the time of death and/or prior health issues. Contrast this with the fact that more than 115 Americans die daily from opioid overdoses, according to The National Institute on Drug Abuse, while millions consume Kratom safely and responsibly.

FICTION:

The Kratom industry has no production standards or consumer safety protocols.

FACT:

Kratom is regulated by the FDA. To provide consumers with safe, high-quality products, the Kratom Trade Association requires its members to adhere to a strict set of principles, sets product testing protocols exceeding Good Manufacturing Practice (GMP) guidelines, and assists manufacturers in obtaining GMP facilities certifications. The organization also supports age restrictions and labeling guidelines outlining responsible use.

Sources: Henningfield, J. E., Fant, R. V., & Wang, D. W. (2018). The abuse potential of kratom according to the 8 factors of the controlled substances act: Implications for regulation and research. *Psychopharmacology*, 235(2), 573–589.
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