STAT Reporting from the frontiers of health and medicine

Addiction clinics see rising cases of kratom and 7-OH withdrawal

Usage can be benign at the start, but dependence seems to build fast, treatment providers say



By Theresa Gaffney
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Addiction clinics around the country are seeing a growing number of cases related to gas station products made from the kratom leaf and its derivatives.

At the telehealth addiction clinic Boulder Care, for example, people who report using kratom products constituted 3% of all new patients in September 2025. By July 2026, that number was 8%, and in August, it jumped to 14%.

“That really is quite an explosion,” said Ayesha Appa, the company’s head of medical affairs.

Kratom has been sold in the U.S. for decades, historically as a powder made from the dried leaf that’s native to Southeast Asia. People tout it for its mood- and energy-boosting powers, as well as pain relief.

Even for these lower-strength products, there’s a risk for physical dependence. But most of these Boulder patients report using newer, more potent products with highly concentrated levels of 7-hydroxymitragynine, or 7-OH, a compound that’s found in the kratom leaf only in trace amounts. Unlike the more dominant alkaloid in the kratom leaf, 7-OH acts directly on the brain’s opioid receptors, meaning it can have stronger, more opioid-like effects, including sedation and euphoria.

The Food and Drug Administration recently flagged 7-OH products as an emerging opioid threat, while the Drug Enforcement Administration proposed an effective ban on 7-OH above a certain threshold. That law has yet to be finalized, but numerous states have enacted similar restrictions. Appa theorized that laws revoking access to the products may be leading people to experience withdrawal.

“I think we’re really seeing and feeling what happens when people lose access and need to seek care in unprecedented numbers,” Appa said.

Even before local bans were put into place, other clinicians noticed similar trends.

Last year, there was typically no more than a single patient per week being admitted for kratom use at two inpatient clinics run by the Recovery Centers of America in Massachusetts, said Myles Jen Kin, a medical director for the group. The withdrawal was mild, requiring “comfort meds” only. But these days, those same two clinics see anywhere from 10 to 20 people per week who are either completely dependent on kratom or 7-OH, or those products are part of a larger substance use problem, Jen Kin said. And the severity of the withdrawal seems to be increasing with the prevalence. “We’re basically treating it as if it’s fentanyl or oxycodone or heroin,” Jen Kin said.

With limited research available, clinicians at addiction treatment centers are on the frontlines treating patients going through withdrawal from these products.

“Having kratom [patients] without any research, it’s just another day for us. It’s how we deal with addiction in general,” said Jen Kin. “It’s just sadly the truth in our country.”

Who uses these products?

Clinicians say they’re seeing two broad categories of people seeking treatment for kratom or 7-OH dependence: those who are completely new to drug use and treatment, and others who are more experienced, and perhaps have been in treatment before.

People who take kratom do so for a number of reasons: to boost energy, ease anxiety, or to quiet chronic pain. Others have used the products as a way to self-manage withdrawal and recovery from other substances, like opioids or alcohol. They might purposefully escalate to 7-OH products, or take them incidentally.

Kratom has traditionally been sold in the U.S. as a powder, pill, or tea, while newer products also appear in the form of gummies and liquid shots. 7-OH is often misleadingly marketed as kratom, and all types of products have been found to be contaminated with other compounds not listed on the packaging, as well as additives like caffeine, kava, or CBD.

Federal survey data indicates that from 2019 to 2023, the number of people who have tried kratom products in their lifetime rose from around 4 million to 5 million. In the last decade, reports to U.S. poison centers regarding kratom exposure increased from 258 to 3,434 overall, including a sharp rise in 2025. (Kratom doesn’t appear to be acutely lethal in the way a drug like fentanyl is, as 79% of related deaths reported to the Centers for Disease Control and Prevention in the last decade involved other substances, mainly other opioids.)

“The common story I get from a lot of these clients is that they didn’t know really what it was,” said Phil Smyth, executive director of Milestone Treatment Center, which has three clinics across New Jersey, Virginia, and Texas. He’s also seen an increase in patients who need medical assistance to detox from 7-OH products, many of whom began taking them to reduce some sort of pain.

Dependence seems to build fast. “People find themselves needing to take more sooner, and tolerance can really build quickly, and people can experience incredibly severe opioid withdrawal while buying something marketed as wellness,” Appa said.

Steve Klein, a physician at Caron Treatment Centers in Pennsylvania, said that kratom and 7-OH usage tends to be pretty benign at the start. Patients may see these products sold “over the counter” and think: “How bad could it be?” That eventually leads some newer drug users down what Klein calls a “potency rabbit hole.” He’s also seen patients who were in remission from opioid use disorders try kratom and then quickly spiral. By the time they’re checking into residential care at Caron, they’re normally using pretty high doses of 7-OH, Klein said.

How treatment centers are responding

Existing research on kratom has found withdrawal to be generally mild, but users, clinicians, and advocates say the experience can be as taxing as opioid withdrawal. “That’s what we see with kratom — that fight-or-flight phenomenon of agitation, sweating, anxiety, diarrhea,” said Ken Jin. People may not realize they’re dependent on the products, but then begin to feel irritable and unable to sleep or eat without them, Smyth from Milestone said.

Early case reports show that medications for opioid use disorder including buprenorphine alone and in combination with naloxone can help to manage kratom use disorders. Methadone has also been shown to have potential.

Last month, nearly a third of Boulder Care’s new patients starting on buprenorphine reported currently using kratom or 7-OH.

Still, testimonies from treatment centers may represent a sort of sampling bias, according to Katherine Hill, an epidemiology Ph.D. candidate at Yale School of Public Health who has studied kratom. People who may be more easily self-managing kratom or 7-OH discontinuation wouldn’t show up at a treatment center.

Until more data is available, anecdotes abound. There are Reddit forums online dedicated to discussions about quitting kratom and quitting 7-OH. There, people swap tips and recount their own, personal experiments with tapering off the products and trying to replace them with new ones. The kratom channel has been around for more than a decade, while the one dedicated to 7-OH was created in 2024.

“Well I finally gave in and went to rehab,” someone wrote on the 7-OH forum last month in between detox and being transferred to inpatient care. “For the first time in a very long time I can see a light at the end of the tunnel even though I just stepped into hell.”