



Overview

- Kratom is a plant-based substance native to Southeast Asia with partial opioid agonist effects.
- Kratom [has not been approved by the Food and Drug Administration](#) for any medical use. However, it is legal in some states, including Maryland, where it is regulated through the [Kratom Consumer Protection Act](#).
- Approximately [1% of individuals in the United States](#), or [1.7 million Americans](#) aged 12 or older, have reported using kratom in the past year.
- At low doses, kratom can have stimulant-like effects; at higher doses, it can have opioid-like effects through activity at mu-opioid receptors. People report using kratom to manage [opioid withdrawal](#), [relieve pain](#), [increase energy and productivity](#), and [improve mood](#).

Research

- **Dependence and Withdrawal:** Some individuals using kratom could develop dependence and present with withdrawal symptoms resembling those of opioids. However, an expert consensus publication reported that kratom withdrawal is often [milder than other opioid withdrawal](#).
- **Limited Evidence Base:** Most data on kratom treatment are derived from case reports and small series, highlighting significant research gaps.
- **Synthetic versions:** There are emerging synthetic kratom products, including 7-OH mitragynine, which have stronger mu-opioid agonist effects and potentially higher risks. The FDA has [issued warnings](#) to manufacturers of products containing this synthetic version, given that it is illegal to market any drugs containing 7-OH.
- **Overdose/Toxicity:** This can include agitation, hypertension, tachycardia, seizures, or sedation — especially with co-ingested substances.
- **Clinical Guidelines:** No standardized protocols currently exist for kratom withdrawal or maintenance treatment. Helpful resources related to kratom have been produced by the [National Institute on Drug Abuse](#), the FDA and the state of [Michigan](#).



Buprenorphine Considerations

- **Withdrawal Management:** Buprenorphine has been used off-label for kratom withdrawal and maintenance.
- **MACS Recommendations:**
 - If a patient reports kratom use without concurrent opioid use, buprenorphine induction with 4-8 mg may be safe. A published [case series](#) supports this recommendation.
 - However, providers risk the effects of precipitated withdrawal if the patient is using other types of opioids such as fentanyl. Providers should consider independent confirmation of a patient's exposure to full agonist opioids before initiating buprenorphine (i.e., POC testing or laboratory UDS) to mitigate the risk of unintentional precipitated withdrawal.

Bottom Line for Maryland Providers

Kratom has opioid-like activity and may lead to dependence and withdrawal.

Buprenorphine can be considered in select cases when the patient is not taking other opioids, though evidence remains limited to case-level data.

Careful assessment for other opioid use is critical to avoid precipitated withdrawal when treating with buprenorphine.

As with all opioids and opioid-like substances, ensure that patients are provided with or prescribed naloxone and understand how to use it in case of an overdose.