

FEBRUARY 2026

Emerging Trends: Kratom in Tennessee

BRIEF

What is Kratom?

Kratom includes both *Mitragyna speciosa*, a tropical tree native to Southeast Asia, as well as products created from its leaves which can act like both an opioid and a stimulant. In small amounts, kratom is reported to increase energy and alertness. In larger amounts, consumers have reported a calming or sedative effect (DEA, 2020). Currently, kratom **is not approved by the U.S. Food and Drug Administration (FDA) for any medical use**, but some people report using it to manage pain, anxiety, depression, opioid use disorder, or symptoms of opioid withdrawal (NIDA, 2022). People also use kratom recreationally for the sensation it causes. Studies show that regular use of kratom may lead to mild to moderate withdrawal symptoms when use stops, suggesting that the substance can cause physical dependence (NIDA, 2022). However, more research is needed to fully understand the risk of kratom dependence and related harm.

Recently, kratom made headlines as both state and federal agencies are warning against the use of kratom and kratom-derived products due to reports of adverse health effects. Specifically, the FDA has raised concerns about **7-hydroxymitragynine (7-OH)**, a naturally occurring alkaloid in kratom, which acts on the opioid receptors in the brain (NIDA, 2022). Although 7-OH naturally occurs in low amounts in the kratom plant, some products are being made or altered to contain higher concentrations. These synthetically enhanced products are concerning because higher levels of 7-OH have been linked to greater risk of overdose, physical dependence, and withdrawal like other opioids (FDA, 2025).

Due to the increasing concerns surrounding kratom and kratom-derived products, this brief aims to summarize both fatal and nonfatal overdose trends involving kratom in Tennessee.



Important Note: Kratom products can vary and may be sold under different names. Although two compounds—**mitragynine** and **7-OH**—are the most common, our data cannot identify which specific forms or compounds are involved. In this brief we use *kratom* to refer to all kratom products collectively.

Common Kratom Forms

In Tennessee, kratom products can be purchased at gas stations, local smoke shops, and online retailers. To the right is an AI-generated image that shows examples of what types of kratom products are available including powder, tablets, capsules, raw leaves, gummies or edibles, bottled tea, and concentrated extracts.



National Kratom Trends

In July 2025, federal agencies investigated kratom products associated with adverse health effects including overdose, seizures, and physical dependency. The response led by the FDA and Department of Health and Human Services (HHS) recommended increased regulation of kratom products, specifically the kratom compound 7-OH. Currently, kratom regulation varies by state (Legislative Analysis and Public Policy Association, 2026). The bullet points below summarize some available national data on kratom use, exposure, and related health outcomes.

- According to the SAMHSA's National Survey on Drug Use and Health, an estimated 1.7 million Americans (0.6%) aged 12 and older used kratom in 2021 (SAMHSA, 2021).
- In 2024, America's Poison Centers reported that kratom was specifically mentioned in 1,645 calls (representing 0.065% of all calls). In 1,027 calls, kratom was the only substance reported by the caller. The results of the kratom-mentioned calls included 803 cases that involved treatment in a healthcare facility and 7 deaths (DD, et al., 2023).
- The FDA characterized 7-OH as a substance of concern based on how it affects the body and brain, largely based on animal and laboratory studies, along with emerging patterns of use, widespread availability, and gaps in human research and regulation (FDA, 2025).

Kratom in Tennessee

In Tennessee, natural kratom products may be legally sold to adults age 21+ while certain concentrated, synthetic, or chemically modified kratom-derived products are restricted under state law (JUSTIA U.S. Law, 2024). The first fatal overdose involving kratom was identified in 2016 in Tennessee. Since then, the proportion of fatal drug overdose deaths involving kratom has remained between 2-3%. While fatal overdose data shows a stable trend, emergency department (ED) visits involving kratom have been increasing in Tennessee for the last 5 years. The next few pages describe kratom-involved fatal overdose and ED visit patterns in more depth.

Understanding the Data in this Report

Kratom-involved overdoses are detected using ED visit data, death certificate data, and State Unintentional Drug Overdose Reporting System (SUDORS) data using the case definitions outlined below.

- **ED Data:** A kratom-involved ED visit is defined as a visit in which kratom is documented as one of the substances contributing to the reason for the visit, based on the patient's chief complaint or discharge diagnosis. Because hospitals generally do not perform routine drug overdose testing for kratom, identification of these cases relies on self-reported information and is therefore likely undercounted.
- **Death Certificate Data:** A kratom-involved fatal overdose is defined as a death in which kratom is listed as a cause of death on the death certificate. Death certificates may have

multiple substances listed as causes of death. In Tennessee, most drug overdose deaths involve multiple substances. Death certificate data includes information all manners of death and is limited to Tennessee residents.

- **SUDORS Data:** A kratom-detected fatal overdose in SUDORS data is defined as an unintentional or undetermined manner of death overdose where kratom was present in postmortem toxicology. SUDORS data includes deaths occurring in Tennessee regardless of residence.

Kratom-Involved ED Visits in Tennessee

Kratom-involved ED visits are identified in the Tennessee Electronic Surveillance System for the Early Notification of Community-based Epidemics (TN ESSENCE) by searching for “kratom” and related terms in the patient chief complaint and provider triage note fields. Identified visits were then reviewed to collect additional information.

From 2019 to 2025, 452 ED visits in Tennessee mentioned kratom. In most visits (91.6%, n = 414), kratom use was related to the reason for the ED visit. In a smaller number of visits (8.4%, n = 38), kratom was mentioned but was not related to the reason for care. These visits were excluded from this analysis, resulting in a **total of 414 kratom-involved ED visits from 2019 to 2025 in Tennessee.**

Why do People Using Kratom go to the ED?

There are many reasons why someone may go to the ED after using a drug or substance. While overdose is often a main concern, other health effects can also be serious and potentially life-threatening. In Tennessee, ED visits involving kratom fall into six main categories (**Figure 1**). Most visits were for side effects or adverse reactions to kratom (45.9%), kratom-related withdrawal (30.4%), or mental health events (18.1%). Only a small portion of visits (10.4%) were treated as suspected nonfatal overdoses. Finally, in a small number of cases (3.4%), ED visits involved other injuries, such as falls or motor vehicle crashes after kratom use, or individuals seeking care specifically to request a kratom drug screen (1%).

Figure 1. Reasons for ED Visits involving Kratom in Tennessee, 2019-2025, n=414

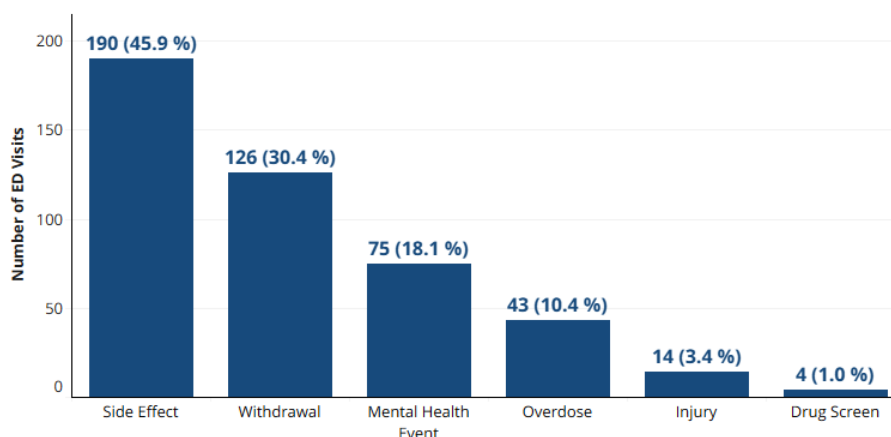


Figure Notes:

Analysis by the Office of Informatics and Analytics, TDH (last updated December 8, 2025). ED visits occurring in TN. **Data Source:** TN ESSENCE. Kratom was identified through text search of “kratom” and related terms in the patient chief complaint and provider triage note fields.

It is important to note that these categories in **Figure 1** can overlap, so one visit may be counted in more than one category. For example, a person may have physical side effects like nausea after taking kratom while also experiencing hallucinations, which were considered a mental health event.

When looking at kratom-involved ED visits over time, differences in visit types become more apparent (**Figure 2**). From 2019 to 2025, most visits were not for a suspected overdose; instead, people most often sought care for side effects, withdrawal symptoms, or mental health concerns. From 2024 to 2025, all visit categories increased, with the largest increases seen in withdrawal- and overdose-related visits. Greater availability of kratom, increased use, increased potency due to the addition of synthetic 7-OH, and improved awareness and documentation of kratom-related risks, including withdrawal, may have contributed to these trends.

Figure 2. ED Visits Involving Kratom by Year and Visit Type, 2019-2025 (n = 414)

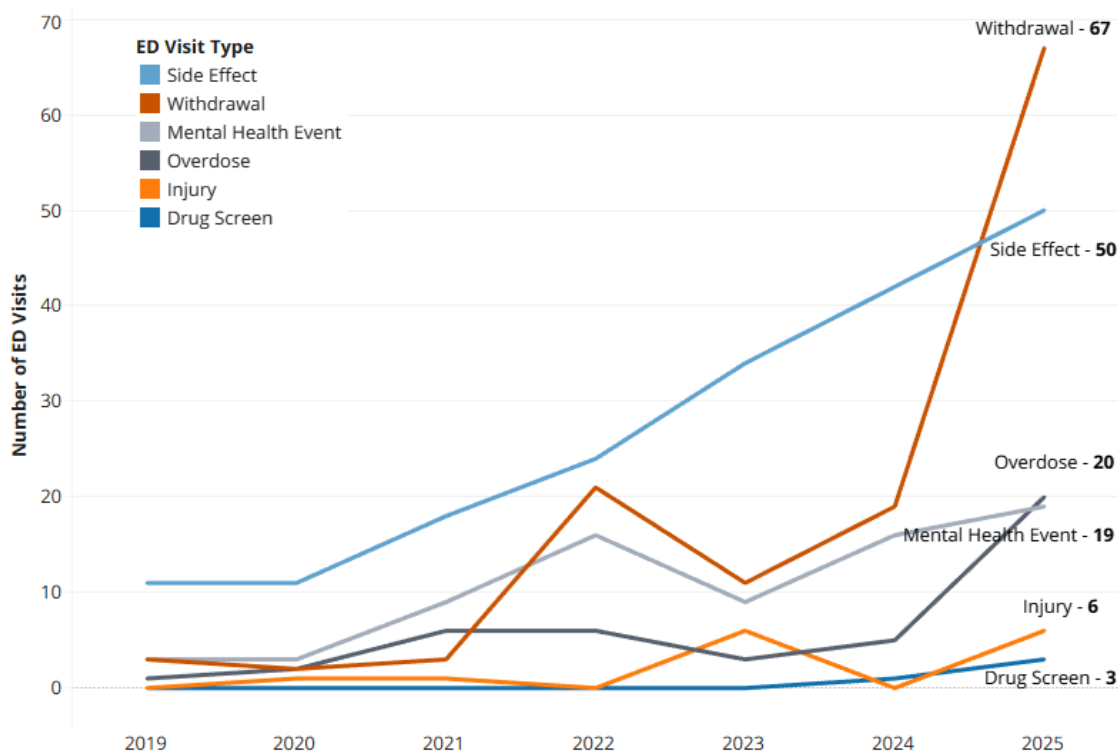


Figure Notes:

Analysis by the Office of Informatics and Analytics, TDH (last updated December 8, 2025). ED Visits occurring in TN. **Data Source:** TN ESSENCE. Kratom was identified through text search of “kratom” and related terms in the patient chief complaint and provider triage note fields.

To better understand these trends and why people seek emergency care after taking kratom, the following section describes the symptoms reported for the top visit types.

Side Effects of Kratom Use

From 2019 to 2025, there were 190 ED visits where people were treated for side effects of kratom use. In many visits, patients reported using kratom shortly before their symptoms began. As seen in **Figure 3** (below), a wide range of symptoms were reported, with mental health or behavioral symptoms, neurological symptoms, gastrointestinal problems, and heart-related symptoms each occurring in about one in four visits. Other symptoms, such as shortness of breath and general pain, were reported less often. **Many visits involved more than one type of side effect, meaning patients often experienced multiple symptoms at the same time.**

Figure 3. Side Effects Reported in ED Visits Involving Kratom, 2019 to 2025 (n = 190)

Symptoms	# of Visits (% of visits)
Mental Health or Behavioral Symptoms <i>Including anxiety or panic attack, insomnia, hallucinations, depression, paranoia, altered mental status, and suicidal or homicidal ideation</i>	51 (26.8%)
Neurological Symptoms <i>Including dizziness, lightheadedness, tremors or shaking, seizures, fainting, unconsciousness, drowsiness, headache</i>	51 (26.8%)
Gastrointestinal Symptoms <i>Including nausea or vomiting, abdominal pain, constipation, or diarrhea</i>	47 (24.7%)
Heart-Related Symptoms <i>Including chest pain or abnormal heartbeat</i>	45 (23.7%)
Shortness of Breath or Shallow Breathing	16 (8.4%)
General Pain	10 (5.3%)

Table Notes:

Analysis by the Office of Informatics and Analytics, TDH (last updated December 8, 2025). ED visits occurring in TN. **Data Source:** TN ESSENCE. Kratom was identified through text search of “kratom” and related terms in the patient chief complaint and provider triage note fields. Symptoms can fall into multiple categories.

Why are People Using Kratom?

In Tennessee ED triage notes, a reason for kratom use was documented in fewer than one in five visits (18.9%, n = 77). When a reason was noted, the most common were pain relief (33 cases, 7.8%), help with withdrawal or stopping substance use (18 cases, 4.3%), and intentional use for self-harm (9 cases, 2.2%).



Although research on potential therapeutic uses of kratom is ongoing, it is not approved to treat any medical condition and is not an evidence-based alternative to medications for opioid use disorder (MOUD), such as methadone, buprenorphine, or naltrexone. Some individuals may turn to kratom when access to MOUD or mental health services is limited, highlighting the ongoing need for accessible, evidence-based treatment.

Kratom Withdrawal Symptoms

In Tennessee ED data, withdrawal was the second most frequently documented reason for kratom-related visits over the five-year period, highlighting withdrawal as a key driver of acute care utilization. In most visits, withdrawal from kratom alone was documented (66.7%, 84 visits). In other visits, withdrawal involved multiple substances, including kratom (33.3%, 42 visits).

Withdrawal symptoms, even when not life-threatening, can be highly distressing and disruptive. The symptoms most reported for those treated in Tennessee for kratom-related withdrawal included nausea/vomiting, anxiety/panic attack, heart-related symptoms (including chest pains), shaking or tremors, and abdominal pain. **Unaddressed withdrawal may also contribute to continued or escalated substance use, delayed care-seeking, or substitution with other substances, which can increase overdose risk and other health harms.**

Mental Health Events and Kratom Use

There were 75 ED visits that were documented as mental health events involving kratom from 2019 to 2025. The most frequently reported symptoms for these visits are shown below in **Figure 4**.

Figure 4. Mental Health-Related Symptoms Reported in ED Visits Involving Kratom, 2019 to 2025 (n = 75)

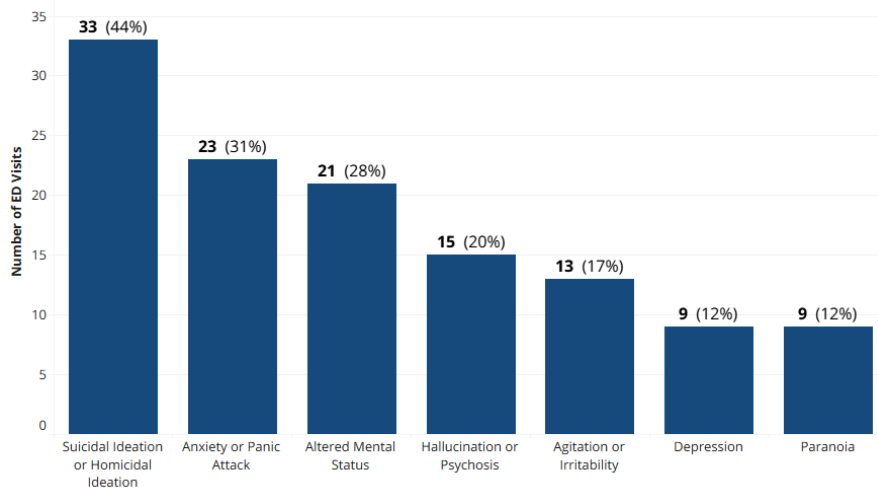


Figure Notes:

Analysis by the Office of Informatics and Analytics, TDH (last updated December 8, 2025). ED visits occurring in TN. **Data Source:** TN ESSENCE. Kratom was identified through text search of “kratom” and related terms in the patient chief complaint and provider triage note fields. Symptoms can fall into multiple categories.

Since kratom is often promoted as helping with anxiety, depression, or mood, it may help to explain why a high number of kratom-involved ED visits included mental health-related events. Some individuals may already be experiencing mental health conditions and may turn to kratom to manage symptoms, especially when access to mental health care is limited. In these cases, it can be difficult to determine whether kratom caused new mental health symptoms or whether existing conditions were worsened by kratom use. Available information suggests that kratom may worsen

symptoms in some individuals, particularly at higher doses or when combined with other substances (Nunez, Dhingra, Dhingra, Kossack, & Dhingra, 2022).

Nonfatal Overdose Involving Kratom

From 2019 to 2025, there were 43 ED visits where a patient was treated for a nonfatal overdose involving kratom. Many of these visits described scenarios where the individual admitted to taking 'too much' kratom, were found unresponsive, or the provider specifically documented a kratom-involved overdose, toxicity, or poisoning.

How does a kratom overdose occur?

Kratom has many chemical compounds that activate parts of the brain leading to effects in the body. The most well-studied kratom compounds are mitragynine and 7-OH. Both compounds activate the mu-opioid receptors in the brain resulting in opioid-like and sedative-like effects (relaxation, pain relief, and confusion) (NIDA, 2022). Additionally, some research suggests that mitragynine may bind to adrenergic, serotonin, and dopamine receptors which may lead to the more stimulant-like effects (increased energy, alertness, and rapid heart rate) that some people experience when using kratom (NIDA, 2022).



Kratom contains compounds that act on the same brain receptors as opioids, but it does not produce effects as strong as drugs like fentanyl, heroin, or oxycodone.

What does a kratom-involved nonfatal overdose look like?

The safety effects of kratom intoxication are not well understood (NIDA, 2022) including what factors can increase the risk of a kratom-involved overdose. Since kratom can have both opioid-like and stimulant-like effects, the reported symptoms of a kratom-involved overdose vary greatly.

If an individual shows any of the symptoms listed below after taking kratom, it should be taken seriously. Help them seek medical care right away by taking them to an ED or call 911.

- **Found unresponsive or unconscious**
- **Slow breathing**
- **Extreme confusion**
- **Seizures or tremors**
- **Chest pain, high blood pressure, increased heart rate or other heart-related symptoms**

Naloxone, commonly known by brand name Narcan, is a medication that reverses opioid overdoses by restarting breathing. It has been shown to counteract opioid-like, sedating effects of kratom. Naloxone will not reverse the stimulant-like effects of kratom.



If you suspect someone is experiencing a kratom-involved overdose, call 911. If their breathing is slowed or they are unresponsive, administer naloxone.

Who is going to the ED?

This section summarizes demographic information for people treated in Tennessee EDs for kratom-related visits between 2019 and 2025. Understanding these characteristics helps provide context for patterns of kratom use and related health outcomes (Nunez, Dhingra, Dhingra, Kossack, & Dhingra, 2022).

Table 1 (below) shows ED visits involving kratom have been increasing in Tennessee for the last 5 years and doubled from 2024 to 2025 (77 to 153 visits). Fastest increases have been among males and adults aged 18-44 years. Most visits among Tennesseans are in the Middle (39%) and East (38%) Grand Regions of Tennessee.

Table 1. Demographics of ED Visits Involving Kratom in Tennessee, 2019–2025* (n = 414)

	2019	2020	2021	2022	2023	2024	2025
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Total Count	16	18	35	56	59	77	153
Age							
0-17	0(0)	1(5.6)	1(2.9)	2(3.6)	4(6.8)	2(2.6)	11(7.2)
18-44	12(75.0)	15(83.3)	28(82.4)	44(78.6)	44(74.6)	54(70.1)	93(61.2)
45-64	4(25.0)	2(11.1)	3(8.8)	9(16.1)	10(17.0)	20(26.0)	40(26.3)
65+	0(0)	0(0)	2(5.9)	1(1.8)	1(1.7)	1(1.3)	8(5.3)
Sex							
Female	10(62.5)	9(50.0)	12(34.3)	20(35.7)	12(20.3)	25(32.5)	49(32.2)
Male	6(37.5)	9(50.0)	23(65.7)	36(64.3)	47(79.7)	52(67.5)	103(67.8)
Race							
White	14(93.3)	17(100)	30(85.7)	51(92.7)	51(91.1)	71(97.3)	144(96.0)
Black	1(6.7)	0(0)	4(11.4)	2(3.6)	5(8.9)	0(0)	5(3.3)
Other races	0(0)	0(0)	1(2.9)	2(3.6)	0(0)	2(2.7)	1(0.7)
Grand Region[†]							
East	3(23.1)	6(42.9)	15(45.5)	28(57.1)	16(29.1)	25(39.7)	46(35.1)
Middle	2(15.4)	3(21.4)	9(27.3)	13(26.5)	27(49.1)	27(42.9)	54(41.2)
West	8(61.5)	5(35.7)	9(27.3)	8(16.3)	12(21.8)	11(17.5)	31(23.7)

Table Notes:

Analysis by the Office of Informatics and Analytics, TDH (last updated December 8, 2025). ED visits occurring in TN.

*Discrepancies in Grand Region totals are the result of nonresidents and unknown residence.

*Discrepancies in emergency department totals are due to age and sex not being reported. Non-residents were excluded from TN Grand Region totals.

Data Source: TN ESSENCE. Kratom was identified through text search of “kratom” and related terms in the patient chief complaint and provider triage note fields.

Fatal Kratom-Involved Overdoses

Fatal kratom-involved overdoses were identified using Vital Records Death Certificate data. Kratom-involved fatal overdoses were first detected in 2016 in Tennessee. Since 2019, between 2-3% of fatal drug overdoses involve kratom each year. **Each year, there are a few instances where kratom is the only substance listed on the death certificate however most kratom-involved overdose deaths involve multiple substances.** Each year, over 94% of kratom-involved overdoses are accidental. Most kratom-involved overdoses occur among Tennesseans who are age 25-44 (72.0%), male (77.6%), and White race (95.4%). Mid-Cumberland and Nashville Davidson Public Health regions had the highest numbers of kratom-involved deaths from 2016 to 2024, 106 and 85 respectively; however, all public health regions experienced a kratom-involved overdose death during this time.

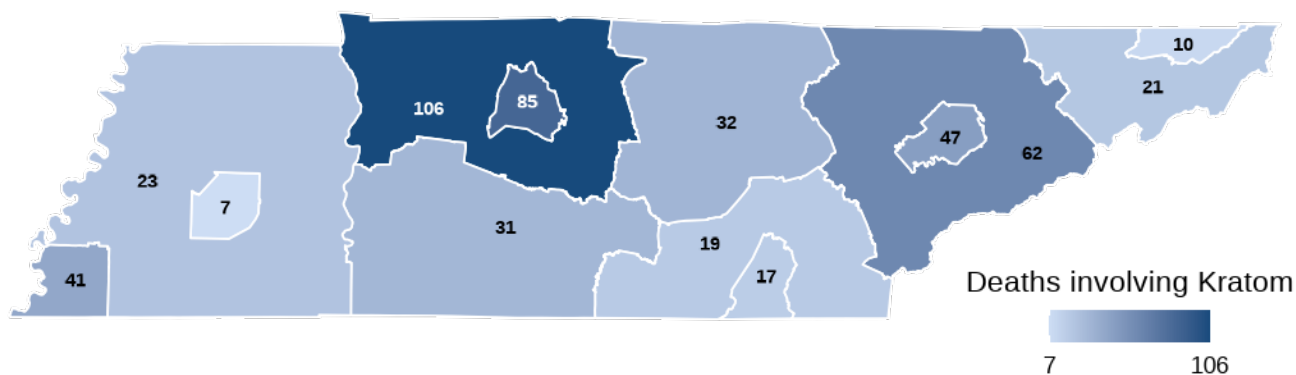
Table 2. Number and Percent of Deaths by Year of Fatal Kratom-Involved Overdoses out of Total Fatal Drug Overdoses, 2016-2024

Year	2016 n=1,631	2017 n=1,776	2018 n=1,818	2019 n=2,089	2020 n=3,032	2021 n=3,814	2022 n=3,826	2023 n=3,616	2024(prov) n=2,487
Any Kratom	5 (0.3)	2 (0.1)	15 (0.8)	45 (2.2)	92 (3.0)	95 (2.5)	90 (2.4)	88 (2.4)	72 (2.9)
Kratom only	-	-	-	6 (0.3)	3 (0.1)	7 (0.2)	4 (0.1)	1 (0.03)	6 (0.2)

Table Notes:

Analysis by the Office of Informatics and Analytics, TDH (last updated December 8, 2025). 2024 data are provisional. Final numbers are subject to change. Limited to TN residents. **Data Source:** TN Death Statistical File. Kratom was identified through text search of cause of death fields for 'Kratom' & 'Mitragynine'. Data includes all manner of death.

Figure 7. Map of Deaths in Which Kratom Was a Cause of Death by Public Health Region, 2016-2024



Between 2016 to 2024, all public health regions reported overdose deaths that involved kratom.




Table 3. Demographic Characteristics of Kratom-Involved Fatal Drug Overdoses in TN, 2019-2024

	2019	2020	2021	2022	2023	2024(prov)
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Total Count	45	92	95	90	88	72
Age Category						
<18		1 (1.1)	2 (2.1)	5 (5.6)	5 (5.7)	3 (4.2)
25-34	20 (44.4)	34 (37.0)	28 (29.5)	37 (41.1)	27 (30.7)	18 (25.0)
35-44	16 (35.6)	30 (32.6)	39 (41.1)	33 (36.7)	32 (36.4)	32 (44.4)
45-54	8 (17.8)	16 (17.4)	14 (14.7)	12 (13.3)	18 (20.5)	16 (22.2)
55-64	1 (2.2)	8 (8.7)	10 (10.5)	3 (5.7)	5 (5.7)	3 (4.2)
65+		3 (3.3)	2 (2.1)		1 (1.1)	
Sex						
Female	10 (22.2)	23 (25.0)	28 (29.5)	17 (18.9)	13 (14.8)	17 (23.6)
Male	35 (77.8)	69 (75.0)	67 (70.5)	73 (81.1)	75 (85.2)	55 (76.4)
Race						
White	42 (93.3)	90 (97.8)	91 (95.8)	86 (95.6)	82 (93.2)	70 (97.2)
Black	3 (6.7)	2 (2.2)	3 (3.2)	2 (2.2)	3 (3.4)	1 (1.4)
Another Race			1 (1.1)	2 (2.2)	3 (3.4)	1 (1.4)

Table Note:

Analysis by the Office of Informatics and Analytics, TDH (last updated February 13, 2026). 2024 data are provisional. Final numbers are subject to change. Limited to TN residents. **Data Source:** TN Death Statistical File. Kratom was identified through text search of cause of death fields for 'Kratom' & 'Mitragynine'.

Kratom-Involved Overdose Death Demographic Summary

-  Since 2019, 2-3% of fatal drug overdoses involve kratom each year.
-  Adults aged 25-44 continue to represent most kratom-involved deaths.
-  Most decedents are White and male, consistent with broader overdose trends.

What other drugs are involved in these deaths?

Most overdose deaths in Tennessee involve more than one drug or substance—known as polysubstance overdose. This matters for both prevention and response, because the risks and recommended actions can change depending on which substances are involved.

The table below shows toxicology findings from SUDORS cases in which kratom was detected. It highlights whether the overdose involved kratom alone or kratom combined with other substances. From 2019 to 2024, 6 cases showed kratom as the sole substance detected on toxicology. In most cases, kratom was used along with other drugs. The substances most often found with kratom were fentanyl, followed by methamphetamine and other stimulants.

Using kratom with other substances—especially fentanyl, prescription opioids, alcohol, or benzodiazepines—can be extremely dangerous. These combinations can slow or stop breathing and greatly increase the risk of overdose.

Table 4. Number and Percent of SUDORS Deaths in Which Kratom Was Present in Toxicology Testing Results, 2019-2024[‡]

Year	2019	2020	2021	2022	2023	2024
Kratom-detected (n % of total deaths with toxicology)	44 (3.0)	88 (4.2)	95 (3.6)	98 (3.5)	102 (3.3)	81 (3.8)
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Kratom Only	1 (2.2)	1 (1.1)	2 (2.1)	1 (1.0)	-	1 (1.2)
Fentanyl	29 (65.9)	59 (67.1)	83 (87.4)	82 (83.7)	89 (87.3)	56 (69.1)
Methamphetamine	12 (27.3)	17 (19.3)	21 (22.1)	26 (26.5)	30 (29.4)	20 (24.7)
Prescription Opioid	14 (31.8)	23 (26.1)	20 (21.1)	13 (13.3)	13 (12.8)	13 (16.1)
Alcohol	9 (20.5)	17 (19.3)	26 (27.4)	21 (21.4)	21 (20.6)	16 (19.8)
Benzodiazepines	11 (25.0)	37 (42.1)	31 (32.6)	26 (26.5)	26 (25.5)	23 (28.4)
Cocaine	2 (4.6)	10 (11.4)	12 (12.6)	15 (15.3)	23 (22.6)	16 (19.8)

Table Note:

Analysis by the Office of Informatics and Analytics, TDH (last updated February 13, 2026). **Data Source:** TN SUDORS data. Kratom was identified through toxicology records. Data includes deaths occurring in Tennessee and is limited to unintentional and undetermined manner of death. Limited to records where a toxicology report was available

Why are they different?

The numbers shown in **Table 4** differ from the death certificate data on pages 10-11 for a couple of reasons. Not all overdose deaths meet the SUDORS case definition or have toxicology results available for TDH to review. Additionally, kratom may be present in toxicology but may not be a listed cause of death.

Conclusion

Kratom is a substance of concern both nationally and in Tennessee. Although overdose deaths involving kratom have remained relatively steady in recent years, ED visits mentioning kratom have risen sharply—doubling between 2024 and 2025. In Tennessee, most kratom-related harms affect adults aged 25–44, particularly men.

Each year, only a small number of deaths involve kratom alone. Most kratom-involved overdose deaths also include other drugs, especially fentanyl and methamphetamine. This pattern shows that polysubstance use is the primary driver of fatal outcomes and that kratom may increase risks when used with other substances.

ED visits linked to kratom are not limited to overdose. They also include withdrawal symptoms, mental health concerns, nausea, vomiting, and seizures. Together, these trends indicate that kratom is contributing to both fatal and nonfatal harms in Tennessee. As kratom products—including those containing higher levels of the compound 7-OH—remain widely available and not well understood, the potential for health risks may continue to grow.

Recommendations

The following are recommendations for ways to reduce harms related to kratom and may be helpful for individuals who are currently using it, considering its use, or supporting someone who is.

- **Update existing substance prevention materials:** Unregulated products that are often sold in gas stations, smoke shops, and online as ‘health remedies’ like kratom should be included in prevention materials to educate on the dangers and potential health risks associated with these products.
- **Consult a healthcare professional:** Talk to a doctor or pharmacist before using any supplements, especially those marketed for pain, anxiety, or opioid addiction. A healthcare professional can help you explore safe, FDA-approved treatment options.
- **If you use kratom:**
 - **Store products safely:** Keep all kratom products stored securely away from children and pets to prevent unintentional ingestion or misuse.
 - **Avoid mixing kratom with other drugs:** The effects of combining substances may be stronger and more unpredictable. Mixing multiple drugs increases the risk of an overdose.
 - **Take the recommended amount:** Potency can vary by product, so taking too much or too quickly can increase risk.
 - **Have naloxone and know how to use it:** If you or someone you love uses substances, having naloxone available and knowing how to administer it can help reverse an opioid overdose, including those involving the opioid-like effects of kratom. Naloxone is safe and can help restore breathing.

Resources

Resources for substance use prevention, care, and response can be found below:

- **Finding Treatment:** Find Help Now is a national platform where individuals can locate substance use disorder treatment options in their communities. See <https://findhelpnow.org/tn>.
- **Getting Treatment Referrals:** The Tennessee REDLINE is a 24/7/365 resource for substance use disorder treatment referrals. Anyone can call or text 800-889-9789 for confidential referrals.
- **Getting Mental Health Resources:** For 24/7 mental health, substance use, or emotional crisis support, individuals can contact the 988 Suicide and Crisis Lifeline by calling or texting 988, or by chatting at 988lifeline.org. Trained crisis counselors are available to help individuals in distress or those concerned about a loved one.
- **For Peer Navigation:** The Tennessee Department of Health RISE (Recovery, Information, Support, and Engagement) Navigators help individuals connect to appropriate treatment and social services in Tennessee. Navigators are embedded in settings such as hospitals, correctional facilities, EMS agencies, and select local health departments across Tennessee. To find a RISE Navigator near you, see <https://www.tn.gov/health/orco/linkage-to-care.html>
- **Overdose Prevention Training:** For overdose prevention training, tools, and resources, the Regional Overdose Prevention Specialists (ROPS) are located throughout the state. They can help to answer questions on overdose prevention and tools such as naloxone and testing strips. To learn more about ROPS work or to contact your local ROPS, see <https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/rops.html>.
- **Using Naloxone:** Naloxone, commonly known as Narcan, is a lifesaving medication used to reverse the effects of opioids, including the opioid-like effects of kratom. TDMHSAS has developed resources about overdose and naloxone for both individuals and agencies: <https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/naloxone-training-information.html>. Naloxone is also available at your local health department, see <https://www.tn.gov/health/health-program-areas/localdepartments.html>
- **Raising Prevention Awareness in Your Community:** In counties and communities across Tennessee, substance use prevention coalitions are working to reduce use or misuse of harmful and potentially lethal substances, such as prescription drugs, alcohol, and tobacco. These local efforts, funded by the State of Tennessee since 2008, help to spread the word about the dangers and consequences of substance use. To connect with a local coalition, see <https://www.tn.gov/behavioral-health/substance-abuse-services/prevention/anti-drug-coalition.html>.
- **Syringe Services Programs (SSPs):** SSPs offer a range of resources to support people at all stages of substance use, including substance use education, overdose prevention support, and connections to health care. Many staff have lived experience and understand what people are going through, creating a nonjudgmental space to get support. Visit tinyurl.com/TNSSPS to learn more and to find all active locations.

- **For more overdose prevention and treatment resources:** see <https://www.tn.gov/health/orco/looking-for-help-.html>

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