Neighborhood Health Plan OF RHODE ISLAND™
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Kratom Legalization in Rhode Island: Clinical Considerations and Member Impact

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A recent Rhode Island law has legalized the sale of kratom, reversing a statewide prohibition that had been in place since 2017. As of April 2026, businesses are permitted to apply for licenses to sell kratom products. Once available, these products will be restricted to individuals over the age of 21 and must be stored behind the counter. Notably, the more potent synthetic compound **7-hydroxymitragynine (7-OH)** will remain prohibited.

What is Kratom?

Kratom (*Mitragyna speciosa*) is a tropical tree native to Southeast Asia. Historically, it has been consumed as crushed leaves or brewed tea. In the United States, however, a growing commercial market has expanded kratom into a wide range of products, including powders, capsules, tablets, gummies, and concentrated liquid "energy shots."

Kratom contains several active compounds (alkaloids), including:

- **Mitragynine** (primary alkaloid)
- **7-hydroxymitragynine (7-OH)** (secondary, more potent alkaloid)

Although 7-OH accounts for less than 2% of alkaloid content in natural kratom leaves, it has significantly greater potency at mu-opioid receptors, contributing to its opioid-like effects.

What is Kratom used for?

Individuals may use kratom to self-manage a variety of conditions, including:

- Chronic pain
- Anxiety and depression
- Diarrhea or cough
- Opioid withdrawal or opioid use disorder (OUD)

While these uses are commonly reported, there is currently **no FDA-approved indication** and there is no evidence that Kratom is safe and effective to treat any specific medical condition.

Utilization and Safety Data

Safety concerns continue to grow. Data from the National Poison Data System (NPDS) show:

- 14,449 kratom exposure reports between 2015–2025

    - The record high of 3,434 reports in 2025 represents an increase of approximately 1,200% compared with the 258 reports in 2015.

- Most exposures involved males and adults aged 20–39, though the fastest growth occurred among those aged 40–59
- While single-substance exposures accounted for the majority (62%) of cases, multi-substance exposures were associated with:
    - Higher hospitalization rates
    - More severe outcomes
    - The majority of kratom-related deaths

Source : Towers EB, Thomas YT, Holstege CP, Farah R. Increases in Kratom-Related Reports to Poison Centers — National Poison Data System, United States, 2015–2025. MMWR Morb Mortal Wkly Rep 2026;75:139–145.
DOI: http://dx.doi.org/10.15585/mmwr.mm7511a1.

Clinical Risks and Adverse Effects

Kratom use is associated with several significant risks, including:

- Liver toxicity
- Seizures
- Substance use disorder (SUD)

Kratom use disorder may present similarly to opioid use disorder, including:

- Using more or longer than intended
- Cravings
- Continued use despite negative consequences
- Increased tolerance
- Withdrawal symptoms upon cessation

People discontinuing kratom may experience opioid-like withdrawal symptoms, which can require clinical management.

Additionally, neonatal risks have been reported. Cases of neonatal abstinence syndrome (NAS) have been documented in newborns exposed to kratom during pregnancy, with symptoms such as:

- Irritability
- Jitteriness
- Muscle stiffness

Implications for Clinical Practice in Rhode Island

With kratom now legal in Rhode Island, clinicians may see:

- Increased patient inquiries about kratom
- Greater prevalence of use
- More cases involving adverse effects or dependency

It is critical to:

- Ensure providers and clinical staff receive education about kratom use
- Assess patient motivations for kratom use (e.g., unmanaged pain, untreated mental health conditions, attempts to self-manage OUD)
- Provide clear, nonjudgmental education about risks
- Offer evidence-based alternatives

People attempting to stop kratom use should be supported with appropriate clinical care, including evaluation for and treatment of withdrawal using medications commonly used for opioid use disorder when indicated.

Connecting People to Neighborhood Resources

Neighborhood Health Plan of Rhode Island offers several resources to support members:

- **Behavioral Health Services**: Access to outpatient therapy, psychiatry, and substance use treatment providers
- **Medication-Assisted Treatment (MAT)**: Coverage for evidence-based OUD treatments, including buprenorphine and naltrexone
- **Care Management**: Clinical care managers can help coordinate services, address barriers, and support treatment engagement
- **Provider Collaboration**: Neighborhood can work directly with providers to support care planning and identify appropriate referrals

Providers are encouraged to refer members to care management or contact Neighborhood for assistance in connecting members to appropriate behavioral health and substance use treatment services.