variance), while Money Seeking & Denial was predicted mainly by avoidance motives, with modest input from impulsivity.
Conclusions: Problematic crypto use reflects distinct psychological pathways: Withdrawal & Tolerance is driven by impulsivity, gambling-related motives, and trading behaviors, whereas Money Seeking & Denial is primarily linked to avoidance motives. Tailored interventions should address both emotion regulation and motivational processes.

Disclosure of Interest: None Declared

EPP145

Rising Kratom Use and Toxicity: An Observational Study, 2015-2024

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doi: 10.1192/j.eurpsy.2026.10481

Introduction: Kratom (*Mitragyna speciosa*), a botanical native to Southeast Asia, was traditionally consumed for pain relief and opioid withdrawal. Today, it is marketed as a "natural wellness" product and sold in gas stations, vape shops, and online with minimal oversight. Its shift from whole leaf to high-potency formulations, still labeled as kratom but often enriched with 7-hydroxymitragynine, has raised growing concerns about toxicity.
Objectives: To determine recent changes in kratom use and medically attended kratom-related exposures in the United States (U.S.).
Methods: A retrospective analysis of kratom use and kratom-related exposures was conducted using data from the U.S. National Survey on Drug Use and Health (NSDUH; 2019–2023) and the U.S. National Poison Data System (NPDS; 2015–2024). Analyses included individuals aged 12 years and older in the U.S. and assessed trends in demographics, clinical outcomes, and substances co-used with kratom.
Results: From 2019–2023, NSDUH estimated lifetime kratom use rose from 4.0 to 5.1 million, while past-year (1.6–2.1 million) and past-month use (0.83–1.14 million) remained stable (Figure 1). Males comprised 50–67% of users. NPDS recorded 11,015 medically attended exposures during 2015–2024, increasing from 258 to 1,524 (Figure 2A); 35–43% involved co-use. Most exposures occurred in males (66–76%) and adults aged 20–39, but exposures are rising among older adults (40–59 and >60) and adolescents (Figure 2B). Compared with kratom-only exposures, co-use exposures had nearly double the hospitalization rate (44–56% vs. 24–28%) and more frequent critical care admissions (20–31% vs. 9–12%; Figure 3A). Serious outcomes, including death, were also more common with co-use (56–65%) than kratom alone (42–49%; Figure 3B). Deaths totaled 204, including 169 with co-use. Common co-used substances (ethanol, opioids, benzodiazepines, stimulants, and antidepressants) were also most frequent in hospitalizations and serious outcomes, with opioids predominating in fatalities.

Image 1:

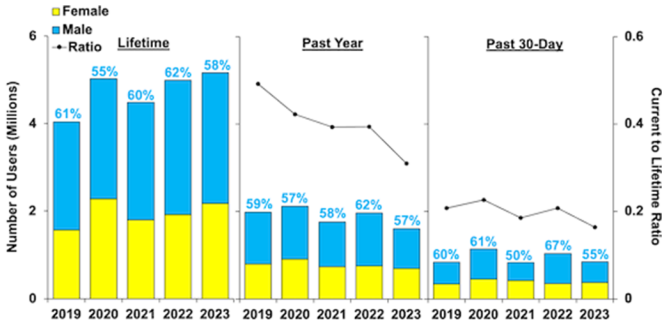


Figure 1. Estimates of lifetime, past year, and past 30-day kratom use among United States individuals aged 12 and older from the National Survey on Drug Use and Health (NSDUH), 2019-2023. Percentages above each bar indicate the proportion of users who are male.

Image 2:

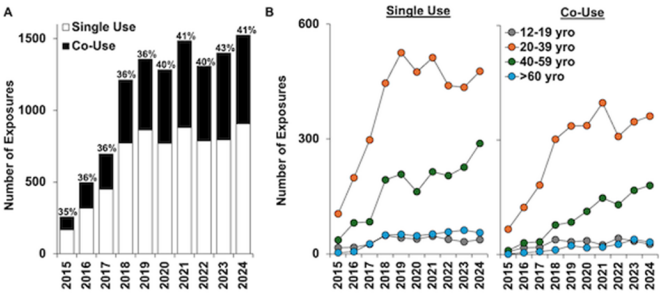


Figure 2. Figure 2. Annual number of kratom exposures reported to the National Poison Data System (2015–2024), shown by single-substance use versus co-use (**A**) and by age (**B**). Percentages above bars represent the proportion of exposures involving co-use (**A**).

Image 3:

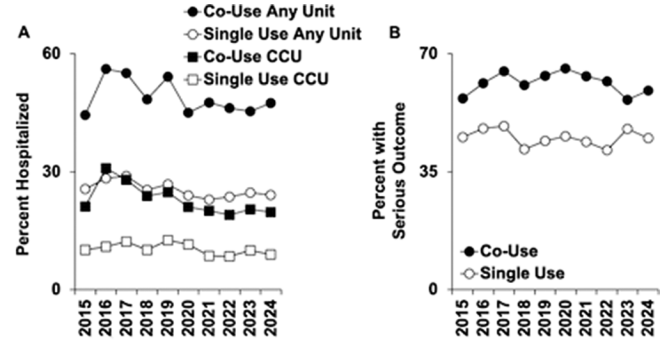


Figure 3. Percentage of single-use and co-use kratom exposures that resulted in hospitalization (**A**) and serious medical outcomes (**B**), reported to the National Poison Data System, 2015–2024.

Conclusions: Kratom use in the U.S. is rising, with medically attended exposures peaking in 2024 alongside the introduction of high-potency formulations enriched with 7-hydroxymitragynine. Hospitalizations and severe outcomes are largely tied to polysubstance use involving psychoactive drugs. These findings highlight the urgent need for enhanced surveillance, regulation of high-potency products, and targeted education to reduce harm in a rapidly evolving drug landscape.

Disclosure of Interest: None Declared