Subject: New Jersey Scheduling of Synthetic Kratom-Related Compounds and Clinical Considerations

Summary
On Sept. 25, 2026, three synthetic kratom-related compounds (mitragynine pseudoindoxyl, MGM-15, MGM-16) became Schedule I controlled dangerous substances in New Jersey, following temporary federal scheduling by the DEA. Given this, clinicians may see patients who abruptly stop kratom or kratom-marketed products and develop withdrawal, and patients using unregulated products may present with toxicity.

Important scope note
The order applies to three specific synthetic compounds. It does not schedule kratom leaf products as a class. Because products marketed as "kratom" are unregulated, patients often cannot know what they are taking, and a patient's product may contain compounds beyond what the label states.

Why this matters clinically

1. **Abrupt discontinuation.** Patients who use daily may stop suddenly out of fear of legal consequences, or because products disappear from retail. Expect an increase in presentations with withdrawal.
2. **Unregulated products.** Any product marketed as kratom carries risk regardless of scheduling. There is no standardized quality control. Documented concerns include variable and unlabeled potency, adulterants and contaminants. Batch-to-batch variation means the same brand can produce very different effects.
3. **Other semi-synthetic active ingredients:** 7-hydroxymitragynine (7-OH) is a potent mu-opioid receptor agonist. Products concentrated for 7-OH (extracts, tablets, shots, "gas station" formats) carry a higher risk of dependence, more severe withdrawal, and overdose than plant-leaf products. Risks include respiratory depression, sedation, dependence, and toxicity with co-ingested sedatives. 7-OH is not one of the substances that has been scheduled at this time.

Recognition: Kratom Withdrawal

- Opioid-like: myalgias, restlessness, insomnia, anxiety, irritability, rhinorrhea, lacrimation, diarrhea, nausea, sweating, piloerection.
- Onset and severity vary with product, dose, and duration of use. Consider a structured tool (e.g., COWS) to assess severity.

- Kratom does not appear on standard urine drug screens. Ask directly about use, including energy shots, "extracts," and gas-station products.

Management considerations

- Symptom-directed supportive care for mild withdrawal.
- For moderate to severe or refractory withdrawal, or if there is a co-occurring opioid use disorder, consider medications for opioid use disorder (e.g., buprenorphine) and refer for ongoing treatment. Consult NJPIES or addiction medicine for dosing and timing questions.
- Screen for co-ingestants (i.e, benzodiazepines, alcohol, opioids)
- Do not assume naloxone will fully reverse kratom-related overdose. Provide supportive care and airway management, and give naloxone for suspected opioid toxicity.

Counseling points for patients

- Do not stop abruptly without a plan if using regularly, and do not substitute another unregulated product.
- Any product labeled kratom carries risk, whether or not the specific compounds are scheduled.
- Avoid combining with alcohol, benzodiazepines, opioids, or other sedatives.
- Help is available (see below).

Resources

- **NJPIES (24/7):** 1-800-222-1222 for overdose or withdrawal questions and clinician consultation
- **NJ MATTERS:** matters@doh.nj.org or http://mattersnetwork.org/nj for medication treatment referral
- **ReachNJ:** 1-844-REACHNJ for treatment navigation
- **988 Suicide & Crisis Lifeline:** call or text 988