

Special Ad Hoc Policy Committee

HB 1628

Tuesday, Sept. 1, 2027

Chair Klein, Chair Ruby and members of the committee, thank you for the opportunity to testify in support of HB 1628. My name is Danielle Thurtle, and I am a board-certified pediatric hospitalist practicing at Sanford Health in Bismarck. I speak today about kratom and the specific, growing risks it poses to the children, adolescents, and newborns I care for.

Kratom is an opioid-acting drug, not a harmless herbal supplement. Because it is sold as a dietary supplement in gas stations, vape shops, and online, families and teenagers often perceive it as natural and safe. It is not. Kratom has been linked to physical and psychological dependence, opioid-type withdrawal, liver toxicity, seizures, and death, with risks compounded when it is combined with other substances.

Poison-center data shows a steep and escalating harm trend. According to CDC analysis of the National Poison Data System, reports of kratom ingestion increased by more than 1,200% between 2015 and 2025. Cases involving kratom and other substances led to hospitalization in nearly half of patients and caused serious medical complications in about two-thirds of cases. These mixed-drug exposures were also responsible for most kratom-related deaths.

Adolescents are already using kratom. In the first national analysis of adolescent use in 2019, lifetime kratom use among U.S. adolescents was 0.44% and past-year use was 0.27%. Kratom use was significantly associated with cigarette and cannabis use, meaning it clusters with other easily-accessible substance use in this age group. While those percentages may seem small, they represent thousands of young people, and the concern is not just current use but its potential long-term effects.

Because the adolescent brain is still developing, early exposure is a particular concern: preclinical data show that kratom exposure during adolescence produces long-lasting cognitive and memory deficits that persist into adulthood. Just within my experience as a pediatric hospitalist at Sanford, we have cared for adolescents needing hospitalization due to the severity of withdrawal symptoms when trying to stop Kratom use.

My greatest concern is what I have seen in newborns.

Kratom causes neonatal abstinence syndrome in infants exposed during pregnancy and in my experience this withdrawal is SEVERE AND EXTREME compared to prescribed opioids, including

methadone or buprenorphine. When a pregnant woman uses kratom regularly, her newborn can be born physically dependent and go into opioid-type withdrawal after birth. This includes extreme irritability and discomfort, dehydration from diarrhea and vomiting, and even seizures. I personally cared for a case in Bismarck where the mother was using exclusively herbal tea (not a synthetic supplement) and the infant suffered severe withdrawals requiring an ICU stay. There are also other published case reports in the literature of severe withdrawal from tea use as well. A larger systematic review of prenatal kratom exposure found that in every analyzed case, both mother and infant experienced withdrawal, and the infants required prolonged hospitalization, including treatment with medications, which is unusual compared to withdrawal from prescribed opioids. **In my experience, the withdrawal we see from Kratom in newborns, including mothers using tea, more closely resembles the withdrawal from heroin than prescribed medication.**

I want to emphasize an important point: the lack of large-scale data on kratom should not be mistaken for evidence of safety.

We have no pediatric safety data. There is no established safe level of use for children, adolescents, or pregnant women. Emerging evidence suggests the potential for lasting effects on the developing brain. What we do know is that children can access these products easily, adolescents are using them alongside other substances, and newborns are experiencing withdrawal syndromes far more severe than anyone would expect from a product commonly marketed as an herbal supplement.

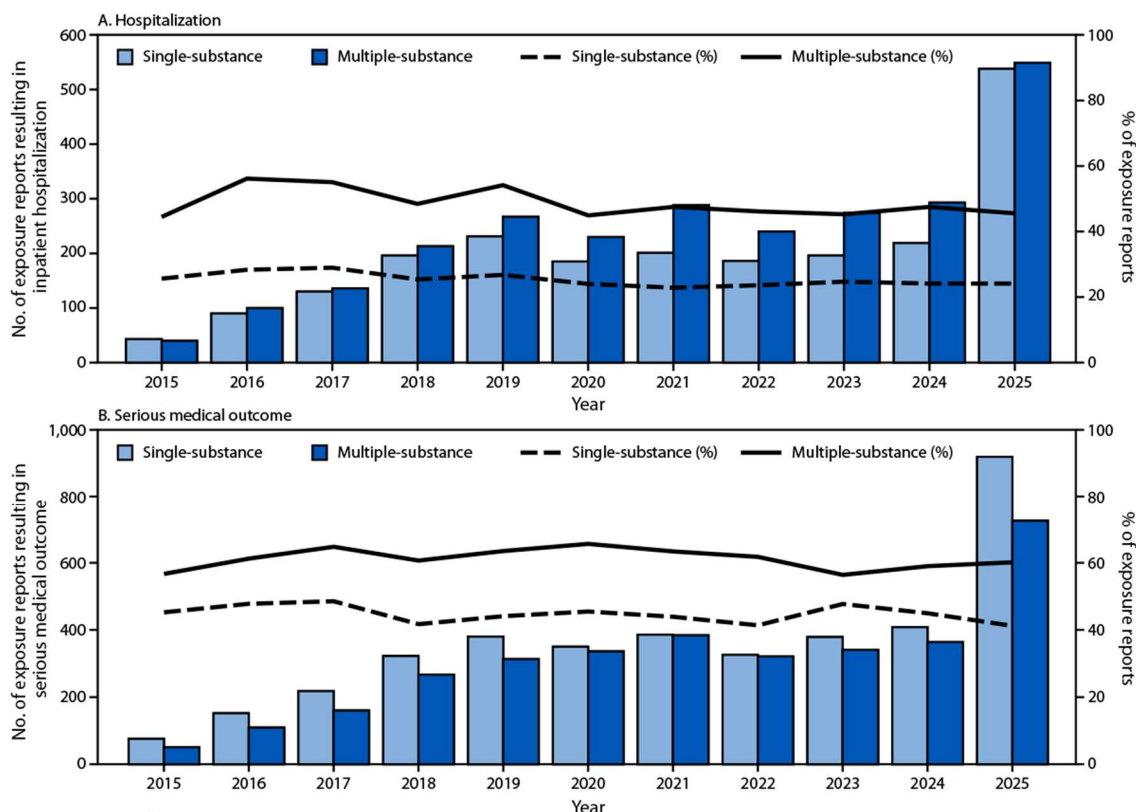
Thank you for your time and consideration. I support this bill and believe it will help reduce some of the harms associated with kratom. That said, if you ask for my medical opinion, I believe the evidence and my own experience caring for affected children and infants support a complete ban on kratom rather than regulation alone. I also encourage you to consider increasing our state's investment in prevention via public awareness campaigns and the Substance Use Disorder (SUD) voucher for SUD treatment.

I would be happy to answer any questions.

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Graphs show increase in hospitalization and serious medical outcomes as documented through poison control centers (MMWR report)

FIGURE 3. Frequency and percentage of kratom exposure reports resulting in critical care, noncritical care, or psychiatric hospitalization (A), serious medical outcomes* (B), and death (C) among persons aged ≥12 years reported to poison centers, by single- or multiple-substance exposure — National Poison Data System, United States, 2015–2025†



References:

****Increases in Kratom-Related Reports to Poison Centers - National Poison Data System, United States, 2015-2025.** Towers EB, Thomas YT, Holstege CP, Farah R. MMWR. Morbidity and Mortality Weekly Report. 2026;75(11):139-145. doi:10.15585/mmwr.mm7511a1.

- Summary of increased poison-control calls and hospitalizations as use has increased over time

Kratom Use Among U.S. Adolescents: Analyses of the 2019 National Survey on Drug Use and Health. Sharma V, Cottler LB, Bares CB, Lopez-Quintero C. The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine. 2022;70(4):677-681. doi:10.1016/j.jadohealth.2021.10.009.

- The most comprehensive review of Kratom use trends in adolescents. This is somewhat limited to those respondents of the National Drug use and Health Survey but still supports the clearly increasing trend in use among adolescents

Neonatal Abstinence Syndrome Due to Maternal Kratom Use. Eldridge WB, Foster C, Wyble L. Pediatrics. 2018;142(6):e20181839. doi:10.1542/peds.2018-1839.

Outcomes of Mothers and Newborns to Prenatal Exposure to Kratom: A Systematic Review.
Wright ME, Ginsberg C, Parkison AM, et al. Journal of Perinatology : Official Journal of the California Perinatal Association. 2021;41(6):1236-1243. doi:10.1038/s41372-021-00952-8.