

2025 REPORT

Serving Oregon and Guam



Certified Poison Specialist, Allen N., Pharm D, manages cases from the Oregon Poison Center.

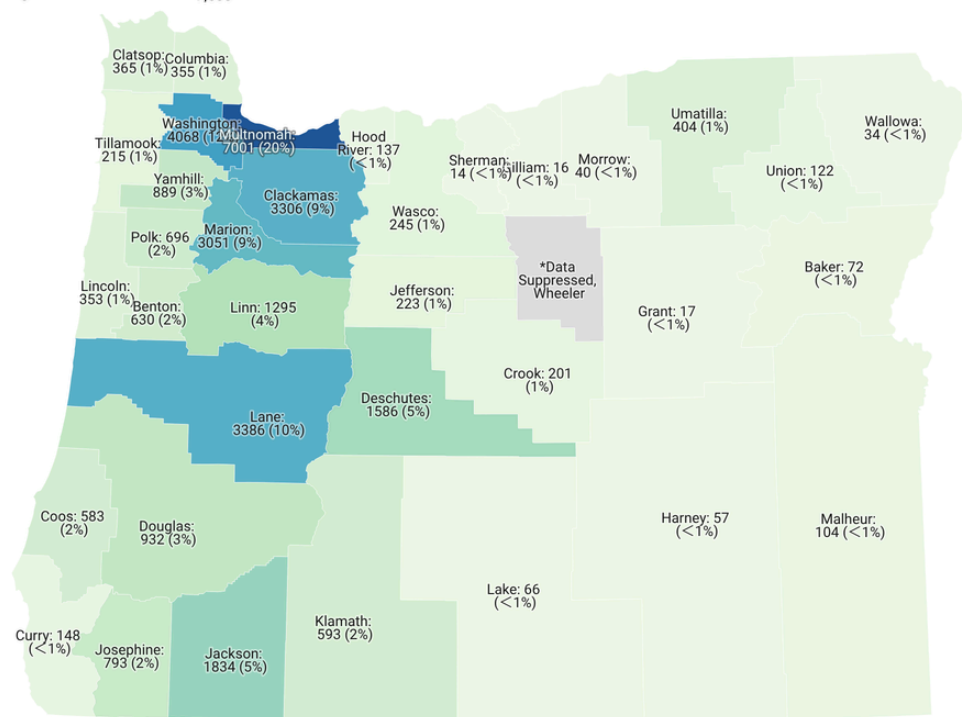
More than 40,000 cases managed in 2025

In 2025, the Oregon Poison Center (OPC) managed 42,417 cases from families, healthcare providers and other callers throughout our service area. Of these, 39,524 cases were about people coming into contact with dangerous substances or potential poisons ("exposures"). Confirmed non-exposures and "information calls" (poison-related questions, administrative, prevention/education, etc.) made up the remaining cases managed by the center.

The majority of cases in 2025, 89% (37,569), were from callers in the State of Oregon. Less than 1% (302) came from callers in Guam and the remainder came from outside our service area.

Oregon human exposures by county

Human exposure case count and percent of total calls, by county

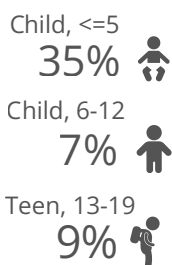
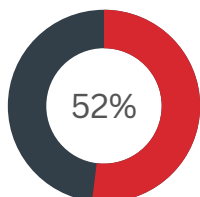


*Small case counts suppressed to protect patient privacy

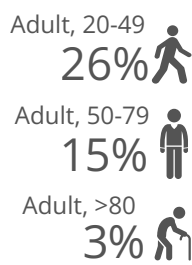
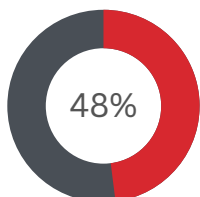
Map: Oregon Poison Center • Source: Toxicall® - Toxic Exposure Surveillance System (TESS), 2026 • Created with Datawrapper

Human exposures by age

Children <=19 Adults >= 20



*Child, unknown age, <1%



*Adult, unknown age, 5%

Child poisonings common; teen and adult cases more serious

In 2025, 52% of the poisoning cases managed by the OPC occurred in children and teens under the age of 20. Of the more than 20,000 pediatric poisoning cases, almost 14,000 poisoned patients, or 35%, were under 6 years of age. One and two-year olds constitute the majority of this group, representing more than 10,000 cases. Poisonings among toddlers are commonly exploratory in nature, usually the result of unsecured substances in homes. While young children experience the most poisonings, poisonings among teens and adults tend to be more serious due to the types and quantity of the substances they are exposed to, primarily medicine, alcohol, and illicit drugs.



Unsecured medicine is a common cause for accidental exploratory child poisonings.

Common substances involved with poisonings, by age

Total/All Ages		Children <=5		Children / Teens 6-19		Adults >=20	
Substance	Exposure Count	Substance	Exposure Count	Substance	Exposure Count	Substance	Exposure Count
Analgesics	5,455	Analgesics	1,337	Analgesics	1,233	Analgesics	2,867
Antidepressants	3,302	Cleaning substances (household)	1,328	Antidepressants	883	Cardiovascular drugs	2,258
Cardiovascular drugs	2,846	Cosmetics/personal care products	1,265	Antihistamines	769	Antidepressants	2,201
Cleaning substances (household)	2,845	Foreign bodies/toys/miscellaneous	1,147	Stimulants and street drugs	440	Sedative/hypnotics/antipsychotics	1,700
Antihistamines	2,308	Plants	962	Foreign bodies/toys/miscellaneous	386	Alcohols	1,328
Cosmetics/personal care products	2,163	Dietary supplements/herbals/homeopathic	902	Cardiovascular drugs	325	Cleaning substances (household)	1,256
Sedative/hypnotics/antipsychotics	2,077	Vitamins	735	Cosmetics/personal care products	304	Hormones and hormone antagonists	1,220
Foreign bodies/toys/miscellaneous	1,778	Pesticides	566	Sedative/hypnotics/antipsychotics	281	Anticonvulsants	1,201
Plants	1,672	Antihistamines	535	Plants	280	Antihistamines	999
Alcohols	1,643	Topical preparations	535	Dietary supplements/herbals/homeopathic	272	Chemicals	822

Route of Exposure

- 

Ingestion (swallow)
80%
- 

Inhalation / nasal
7%
- 

Dermal (skin)
7%
- 

Ocular (eye)
4%
- 

Parenteral (inject)
1%
- 

Other, unknown
1%
- 

Bite/Sting
<1%

Most poisonings are unintentional

People who contact the OPC call for many reasons. In 2025, 77% of human exposure cases were unintentional meaning someone came into contact with a poison in a way they did not intend to. Therapeutic errors—such as double-dosing or taking the wrong medication—accounted for 22% of unintentional poisonings, highlighting the frequency of medication mishaps.

Intentional poisonings represent 18% of all exposure cases. The majority of those, or 71% of intentional poisoning cases, are suspected suicides.

Adverse reactions to drugs, food and other substances account for 3% of cases, and unknown and other reasons are 1%, each.

Trend watch: Kratom exposures increased in 2025

Kratom exposures have steadily increased in OPC’s service area and nationally over the past 5 years, including a notable increase in 2025 when human exposure cases reported to the OPC increased to 65 from 44 in 2024. Adults over age 20 represent the majority of cases (83%).

Kratom is derived from the *Mitragyna speciosa* tree native in Southeast Asia and has a long history of medicinal and recreational use. In the U.S., kratom is sold in gas stations and convenience stores in powders, capsules, pressed pills, liquid concentrates, beverages and other foods, often containing synthesized versions of mitragynine and 7-hydroxymitragynine (7-OH), the primary psychoactive ingredients.^{1,2}

At low doses, Kratom can produce stimulant effects. At higher doses, it acts as a sedative with opioid-like properties. In addition to recreational use, individuals report using kratom for self-treatment of pain, mental health conditions, and opioid withdrawal.³ Common clinical effects associated with kratom use include agitation, fast heart rate, drowsiness, vomiting, and confusion.¹

Regular use can lead to dependence and withdrawal symptoms but research indicates kratom may help reduce opioid withdrawal and cravings.³ Kratom is not regulated by the U.S. Food and Drug Administration (FDA) and there are no federal standards for its contents, potency or labeling. This lack of oversight increases the risk of contamination and inconsistent dosing across products. Further research is needed to better understand the role of kratom in pain management and opioid use disorder.

Reason

- Unintentional 77%
- General
Environmental
Occupational
Therapeutic Error
Misuse
Bite / Sting
Food Poisoning
Unknown
- Intentional 18%
- Suspected Suicide
Misuse
Abuse
Unknown
- Adverse reaction 3%
- Drug
Food
Other
- Other 1%
- Contamination / Tampering
Malicious
Withdrawal
- Unknown 1%

Poisons can enter the body in many ways but most poisonings (80%) managed by the OPC are the result of swallowing something poisonous. This is especially common in young children.

The route of exposure is important because a substance can have a different health effect depending on how it came in contact with the body. For example, a chemical that causes mild skin irritation may be life-threatening if swallowed.

1 Leonard JB, Brown K, Colvin JM. Kratom exposure cases reported to United States Poison Centers: 2016-July 2025. Am J Emerg Med. 2026 Jul;105:136-140. doi: 10.1016/j.ajem.2026.04.006. Epub 2026 Apr 11. PMID: 42013627.
2 C.J. Reissig, D. Chiapperino, A. Seitz, R. Lee, R. Radin, J. McAninch. 7-Hydroxymitragynine (7-OH): An Assessment of the Scientific Data and Toxicological Concerns Around an Emerging Opioid Threat. Body (2025)
3 Albert Garcia-Romeu, David J. Cox, Kirsten E. Smith, Kelly E. Dunn, Roland R. Griffiths, Kratom (*Mitragyna speciosa*): User demographics, use patterns, and implications for the opioid epidemic. Drug and Alcohol Dependence, Volume 208, 2020, 107849, ISSN 0376-8716, Body.