

Increase in stimulant-involved fatal overdoses driven by methamphetamine use in Iowa

Health Advisory

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- In Iowa, psychostimulants (especially methamphetamine) are driving overdose deaths. This trend is independent of opioid or synthetic opioid use.
- According to death certificate data, psychostimulants overtook opioids as the predominant drug class responsible for the majority of overdoses in Iowa in 2024.
- The State Unintentional Drug Overdose Reporting System (SUDORS) data indicate that in 2024, 71% of overdose deaths involved at least one stimulant, 63% involved methamphetamine, and 41% involved methamphetamine with no other stimulants or opioids.
- A pilot surveillance system testing leftover urine samples from patients with suspected overdose in the emergency department (ED) and the intensive care unit (ICU) also revealed a high proportion of visits (46%) that tested positive for methamphetamine.
- Despite rising fatalities, ED data show decreasing numbers of identified stimulant-involved overdose visits, suggesting under-recognition.
- Frontline clinicians in emergency departments across the state should be aware of the increasing trend of fatal stimulant-involved overdoses, be prepared to identify acute stimulant intoxication, and be familiar with treatment principles.

RECOMMENDATIONS FOR CLINICIANS AND HEALTHCARE FACILITIES

- Amphetamines increase release of dopamine, norepinephrine, and serotonin, producing a hyperadrenergic state.
- Clinical presentation may include tachycardia, hypertension, vasoconstriction, mydriasis, diaphoresis, hyperthermia, chest pain, dysrhythmias, seizures, agitation, paranoia, hallucinations, and psychosis. Life-threatening complications may include stroke, myocardial ischemia, rhabdomyolysis, acute kidney injury, and multiorgan failure.
- Toxicity is often prolonged, especially with methamphetamine, with effects lasting longer than 24 hours. Serotonergic agents such as MDMA may also cause hyperthermia and hyponatremia.
- Urine drug screens have significant false positives and false negatives and should not guide management.
- Prioritize airway, breathing, circulation, core temperature measurement, point of care glucose, and cardiac monitoring. Benzodiazepines are first-line therapy for agitation and seizures; titrate aggressively until the patient is calm. Initiate rapid external cooling for hyperthermia. Treat agitation before addressing persistent hypertension. Provide intravenous fluids when rhabdomyolysis is suspected.
- Iowa Poison Control Center: Call 1-800-222-1222 for 24-hour consultation with board-certified medical toxicologists and addiction medicine specialists for case specific management support.
- Connect patients to Your Life Iowa: Call 855-581-8111 or text 855-895-8398 for 24-hour, confidential support related to mental health, substance use, thoughts of suicide, or any other personal challenges.