

Serious illness associated with kratom and concentrated 7-hydroxymetragynine products in Iowa

Health Advisory

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Iowa HHS is alerting clinicians to increasing reports of serious illness associated with kratom and newer concentrated products containing 7-hydroxymetragynine (7-OH or 7-hydroxy).

Kratom is derived from the leaves of *Mitragyna speciosa* and contains psychoactive alkaloids (including metragynine, 7-OH, and others) that interact with opioid receptors. Although 7-OH occurs naturally in kratom leaves in trace amounts, concentrated or semisynthetic 7-OH products can produce substantially stronger opioid effects. Products may be sold as powders, capsules, tablets, gummies, liquid extracts, shots, or drink mixes. These products are widely available online and may also be sold at gas stations, convenience stores, vape or smoke shops, and other retail locations. Toxicity can be variable. Patients may initially experience agitation, anxiety, nausea, vomiting, diaphoresis, tachycardia, or hypertension. Severe exposures, particularly those involving concentrated 7-OH, may produce an opioid toxidrome characterized by sedation, miosis, respiratory depression, seizure, and cardiac arrest.

- In March 2026, [CDC reported](#) that U.S. poison center calls for kratom-related exposures increased approximately 1,200%, from 258 in 2015 to a record 3,434 in 2025.
- As of early July 2026, the Iowa State Medical Examiner's office is reporting 16 kratom/7-OH-associated deaths among Iowans this year, compared with 16 kratom/7-OH-associated deaths identified in 2025 and 13 identified in 2024. The number of kratom/7-OH-associated deaths identified halfway through the 2026 calendar year is already matching or surpassing the yearly totals from 2025 and 2024.
- Most kratom/7-OH-associated deaths identified in 2024 and 2025 were mixed drug intoxications. In 2026, kratom/7-OH and its metabolites were the only substance identified among 8 of the 16 deaths.
- Of the 16 kratom/7-OH associated deaths identified so far in 2026, toxicology testing identified synthetic kratom-related compounds in 7.
- National and Iowa data altogether indicate an increase in kratom/7-OH-associated serious illness and death.

Iowa clinicians should:

- Consider kratom or 7-OH in patients with otherwise unexplained respiratory depression, seizure, altered mental status, or cardiopulmonary arrest, including when a routine urine drug screen is negative. Most routine hospital toxicology screens do not detect kratom or 7-OH.
- Administer naloxone and provide supportive care similar to other opioids, if kratom/7-OH intoxication is suspected. Published state alerts describe successful naloxone reversal following severe 7-OH exposures.
- Assess for dependence, withdrawal, and opioid use disorder. Repeated kratom or 7-OH use may produce tolerance, dependence and an opioid-like withdrawal syndrome. After stabilization, screen for daily or escalating use, unsuccessful quit attempts, withdrawal symptoms, use to manage opioid withdrawal, and use despite medical or social harms.
- Contact the Iowa Poison Control Center (1-800-222-1222) for patient-specific consultation related to kratom adverse effects or withdrawal.
- Counsel patients continuing kratom or 7-OH to have naloxone available and ensure household members can recognize respiratory depression, administer naloxone, and call 911.
- 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.