DEPARTMENT OF HEALTH

Prepare for Patients Using Concentrated 7-OH Products

AUGUST 31, 2026

7-hydroxymitragynine (7-OH) is a naturally occurring alkaloid found in trace amounts in the kratom plant. It is now being concentrated and sold in commercial products. Although kratom can produce a range of effects and regular use may lead to dependence and withdrawal, concentrated 7-OH can produce more potent opioid effects. These effects – including respiratory depression, dependence, withdrawal, and overdose risk – are the primary clinical concern.

Why this is being issued

On August 26, 2026, following a July 6 notice of intent, DEA temporarily placed three substances related to 7-OH in Schedule I: mitragynine pseudoindoxyl, MGM-15, and MGM-16. The order took effect immediately and remains in effect through August 26, 2028, unless extended or made permanent. This order does not schedule 7-OH itself, concentrated 7-OH products, mitragynine, or natural kratom leaf.

Abrupt loss of product access may increase withdrawal and demand for withdrawal treatment, and/or cause a shift to fentanyl or other opioids thereby increasing overdose risk. Products may be sold as tablets, gummies, liquids/shots or "enhanced" or "spiked" kratom and may be variably labeled as "7-OH," "7-HMG" or "7-hydroxy."

Recognize the Clinical Presentation

- **Clinical Presentation**: Presentation may vary depending on kratom alkaloid content; adulterants in each product may also impact clinical presentations. It presents like opioid withdrawal syndrome, but often with less intense GI effects and more pronounced neuropsychiatric effects (irritability, anxiety, and agitation).
- **Possible intoxication/toxicity:** Sedation, miosis (small pupils), nausea/vomiting, respiratory depression, seizure or other unexpected toxicity — especially when used with alcohol, benzodiazepines, fentanyl or other sedating substances.
- **Possible withdrawal:** Anxiety, restlessness, agitation, craving, myalgias/arthralgias, rhinorrhea/lacrimation, yawning, sweating/chills, piloerection, nausea/vomiting, diarrhea, cramping, tremor, insomnia, and tachycardia.

Clinical Assessment

- Examine for objective findings of intoxication and/or withdrawal; use COWS as an aid, recognizing that reported product content and timing may be unreliable.
- Ask about other opioid and non-opioid substances used, including fentanyl, prescription opioids, alcohol, benzodiazepines, gabapentinoids, cannabinoids, and stimulants.
- Ask about prior overdose, withdrawal, OUD treatment, buprenorphine or methadone exposure; pregnancy status; pain and mental health needs.
- Do not rely on routine urine drug screens to detect or exclude 7-OH exposure.

Immediate management

- Respiratory depression or suspected overdose: Support airway and ventilation, administer naloxone, and repeat dosing as needed. Recommend transport to a healthcare facility for evaluation and monitoring.
- Contact the **Minnesota Regional Poison Center at 1-800-222-1222** for immediate management recommendations and case reporting to support state and nationwide surveillance.
- In cases of withdrawal without medical instability: treat symptoms and consider OUD therapies as appropriate and desired.

Pharmacotherapy and withdrawal management

- The evidence base for pharmacologic treatment of kratom withdrawal and kratom use disorder is limited. In general, treatment is based on pharmacologic principles, a few case reports, and expert opinion from anecdotal cases.
- Buprenorphine forms the backbone of withdrawal management and maintenance treatment plans, as in other OUDs. Adjuncts are often necessary for the duration of withdrawal, and include gabapentinoids, benzodiazepines, ketamine, clonidine, and others.
- Consider starting buprenorphine when the patient has a clinical diagnosis of opioid withdrawal that warrants treatment or meets criteria for OUD and agrees to treatment. Do not delay solely because the reported exposure is 7-OH.
- Many Minnesota providers report success with low-dose buprenorphine initiation while continuing opioids or 7-OH and using adjunctive comfort medications. This approach may be particularly appropriate for patients using higher doses of 7-OH, those unable to tolerate abstinence, those with uncertain recent opioid exposure, or those with a history of precipitated withdrawal. Use an established local protocol and seek expert consultation when needed.
- Consider high-dose buprenorphine initiation in hospital settings where additional medications are readily available to manage withdrawal symptoms. Begin when clear, objective opioid withdrawal is present and titrate to relieve withdrawal and cravings using the facility's established protocol. Elapsed time since last use should not alone determine readiness.
- If symptoms worsen rapidly after the first dose, evaluate for precipitated withdrawal, other syndromes and medical complications; manage under an established protocol and seek consultation as needed.
- Provide enough medication and a confirmed follow-up plan to avoid a treatment gap.
- Nationally recognized treatment protocols can be found: Treatment Protocol Package - June 2026

Before discharge or visit completion

Action	Minimum expectation
Overdose prevention	Discuss reduced tolerance and overdose risk if the patient returns to 7-OH or other opioids; dispense or prescribe naloxone; review rescue breathing, avoiding use alone and avoiding combinations with sedatives.
Continuity	Schedule or directly connect to rapid follow-up. Provide discharge prescription or start-packs of buprenorphine, if indicated.
Whole-person care	Address pain, sleep, anxiety/depression, pregnancy and social needs without stigma

Refer patients to the MDH Kratom website for more information: Kratom - MN Dept. of Health https://www.web.health.state.mn.us/communities/kratom/index.html

Prepare your clinical setting now

- Share this alert across the emergency department, urgent care, primary care, behavioral health, pharmacy, inpatient and care-management teams.
- Confirm a clinical workflow for identifying, assessing and managing 7-OH intoxication and withdrawal, including buprenorphine availability, order sets/protocols for buprenorphine initiation, discharge prescriptions or starter-packs of medication, naloxone prescriptions or distribution, and rapid follow-up pathways.
- Track visits involving 7-OH, including the product used, clinical presentation, treatment provided and outcomes. Report unusual clusters or severe events through established public-health channels.

Clinical resources and evidence

DEA temporary-scheduling announcement (July 1, 2026)

Federal Register: Schedules of Controlled Substances: Temporary Placement of Mitragynine Pseudoindoxyl, MGM-15, and MGM-16 in Schedule I

FDA 7-OH information for health professionals

CDC MMWR: kratom-related poison center reports, 2015–2025

Comprehensive toxicology testing is available at the Minnesota Department of Health Public Health Laboratory by calling **651-341-9587.**

Minnesota Department of Health | Drug Overdose Prevention Unit
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https://www.health.state.mn.us/communities/overdose/index.html

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