OVERDOSE RESPONSE CENTER

Delaware Partner Information Bulletin

#2026-01

7-OH

(7-HYDROXYMITRAGYNINE)

What is 7-OH?

- 7-OH is one of the two active alkaloids in products made from kratom leaves.
- Usually present in small amounts, 7-OH is significantly more potent at opioid receptors than mitragynine, the primary compound in kratom.
- 7-OH is responsible for many of kratom's opioid-like effects, including analgesia and euphoria.
- The FDA recommended restricting access to some 7-OH products due to potency concerns (more than 10 times more potent than morphine) and associated marketing that could be appealing to children and teens, such as fruit-flavored gummies and ice cream cones containing 7-OH.

Risks Associated with 7-OH

- 7-OH has morphine-like reinforcing effects and is associated with physical and psychological dependence, including withdrawal symptoms (e.g., anxiety, myalgia, insomnia).
- 7-OH is addictive and poses toxicity risks, including respiratory depression, overdose, liver injury, seizures, and rarely death—especially when combined with alcohol or sedatives. Risk of toxicity may be increased by CYP3A inhibitors.
- Product contents are not standardized, making actual 7-OH dose unpredictable and increasing risk.
- Case reports document physiologic dependence, withdrawal, and Kratom Use Disorder (KUD) associated with chronic daily use.

Treatment Provider Awareness

- Since 7-OH is currently sold legally as an herbal supplement, providers are strongly encouraged to ask clients specifically about kratom and any herbal supplement use.
- While 7-OH is a highly potent opioid receptor agonist with analgesic properties, its high abuse potential and risk for dependence and toxicity preclude its recommendation as a treatment for opioid use disorder. Currently, there are no controlled human trials establishing the safety or efficacy for 7-OH or kratom for OUD.
- Treatment guidelines are not clearly defined or understood due to a lack of available evidence. However, given its growing prevalence, awareness of KUD is essential. Urine Drug Screen followed by confirmatory testing can detect kratom alkaloids, and is vital for diagnosis and treatment decisions.
- **Withdrawal Management:** Given symptoms similar to opioid withdrawal, symptomatic management is considered the best approach.
- **Medications for Opioid Use Disorder (MOUD):** Providers should consider MOUD, specifically buprenorphine or buprenorphine-naloxone, which have some published evidence in KUD. In patients with comorbid OUD, methadone and naltrexone can also be used as appropriate.







*Source documents are available upon request.

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