

# Heroin (Opioid) Treatment

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## Introduction

Heroin is one of the derivative of morphine and also an opioid mu receptor agonist that was earlier presented as a non-addictive medication. Buprenorphine was accepted by the Food and Drug Administration (FDA) for the management of heroin withdrawal symptoms. Buprenorphine is considered as a partial mu agonist and also a secure drug with low chance of toxicity and overdose [1]. For the therapy of heroin dependence, buprenorphine is more useful than methadone [2-4]. Investigators such as Johnson, Jaffe, and Fudaladescribed that 8mg of sublingualbuprenorphine per day is equal to 60mg of methadone considering retention rates and opioids negative urines as well [5]. Buprenorphinecan diminish the incidence of HIV and other connected disorders following opioidsconsumption [1,6-8].

Opium has been used for a long time and has a far-reaching history of medical use in some areas of the globe [9,10]. At present, psychiatric disorders are raising worldwide [11-29]. Considering mental disorders, substance related disorders; particularly opioids and stimulants joined disturbances have been addressed as going up dilemma. Now, opioids and stimulants abuse and induced psychiatric disturbances are a progressing problem and have produced more presentations to emergency departments, inpatient psychiatric units and outpatient clinics [30-121].

## Discussion

Presently, Iranian drug program states that if anybody is found to be abusing drugs or illicit substances, such as, alcohol, opioids, benzodiazepines, hashish, marijuana, cocaine, ecstasy, methamphetamine, hallucinogen, or (tobacco products are legal), he/she must be addressed to the treatment centers such as hospitals or private clinics to be treated. Now Iranian heroin abusers are usually detoxified or treated with methadone or clonidine or sometimes with buprenorphine. Our former studies indicated successful use of single high dose [111,112,117] of buprenorphine.

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