



# Opium Tincture in Iran: Opportunity or Threat?

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*Dear Editor,*

Opium consumption, particularly opium smoking, is widespread in Iran, with "taryak" (dried resin) and "shireh," a concentrated derivative, being the most common forms. Shireh, produced by dissolving and heating smoked opium residue or low-morphine opium in water, contains higher morphine levels than raw opium, posing significant health risks (1, 2). The alarming statistic that 98% of globally seized opium originates from Iran underscores the urgent need to address opium use disorder within the country (3).

Two decades ago, Iran implemented a medication-assisted treatment (MAT) program utilizing methadone and buprenorphine, which yielded notable success (4, 5). Concurrently, international studies on slow-release oral morphine solutions led to the inclusion of opium tincture as a third option in Iran's MAT strategy (6). Despite its short half-life and lack of global endorsement as a  $\mu$ -receptor agonist in MAT, opium tincture has shown promising results in Iran, particularly when combined with psychosocial support and group therapy, even by self-help groups such as Congress 60 (7, 8).

However, the recent surge in opium prices—resulting from the Taliban's altered opium production policies in Afghanistan and increased seizures by Iranian authorities—has led to unintended consequences (3, 9, 10). More individuals are now seeking to convert opium tincture into a more potent resin, exacerbating dependency issues and potentially facilitating the transition to heroin use.

Alarming, the yield of opium resin from tincture has inexplicably doubled, further complicating the treatment landscape. This escalation, amidst the challenges posed by sanctions and the COVID-19 pandemic (11), necessitates vigilant monitoring to prevent new threats to substance abuse treatment efforts in Iran.

This letter aims to highlight the evolving challenges in managing opium dependence in Iran and the critical need for adaptive strategies in response to changing drug use patterns. Strategies such as strict supervised consumption and shorter take-home doses, as well as a change in the formulation of opium tincture (by reducing the dry matter content), are proposed to prevent this phenomenon.

## Footnotes

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