



# The Challenges of Emerging Opiate Analgesics in Iran

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## Dear Editor,

Iran is one of the countries in the Eastern Mediterranean Region (EMR) whose data on illicit drug use has been adequately examined. Previous studies have suggested spatial heterogeneity and age and gender differences in drug-related mortality across Iranian provinces. In other words, evidence suggests that drug-related deaths in Iran show age- and gender-based geographical disparities and inequalities (1, 2). Men in the western and southeastern regions of the country have a higher relative risk of drug use mortality than the national average. Meanwhile, women in the southeast, west, and northeast areas also have a higher relative risk of drug use mortality (2). There were higher unemployment and lower literacy rates in these parts of the country (2).

In recent years, the emergence of opiate analgesics like tramadol and methadone, along with new synthetic drugs, poses additional challenges for healthcare professionals in combating drugs (3). Iranians are increasingly using non-prescribed medications, especially among the youth. However, limited research has been conducted on these substances' short- and long-term effects (4, 5). The prevalence of non-medical tramadol use was approximately 5% among males and 1% among females (4). Additionally, tramadol poisoning contributed to nearly 6% of all-cause poisonings in the country (4). Similarly, the prevalence of non-prescribed methadone use in the last 12 months was estimated at approximately 3% among males and 0.1% among females (5). Methadone has been associated with fatal and non-fatal poisoning cases in Iran, accounting for more than 10% of acute poisoning cases in adults and 16% in children (5). Despite Iran's methadone maintenance treatment (MMT) program being in place since 2002, there are growing concerns

regarding non-prescribed drug use and its associated fatalities. Over the last two decades, drug-related deaths in Iran have decreased due to the expansion of the MMT program (4, 5). However, the increased availability and growing use of tramadol and methadone have influenced some drug-related deaths.

Prevention is a crucial cost-effective measure in addressing drug-related problems. Moreover, advocating for collaboration between the government, private sector, healthcare professionals, NGOs, and communities is essential in controlling drug-related issues (3). The development of life skills for children and young people, family support, and mental health services should be prioritized in prevention programs (1, 2). For example, raising awareness about the risks of non-prescribed opiate analgesics and integrating mental health support into healthcare programs for persons who use drugs (PWUD) can be vital in addressing the issue (4, 5). The mentioned efforts can include the education of the public about the dangers of poly-drug use, interventions for bystanders during an overdose, naloxone access, and public education on safety measures, such as secure storage of prescribed methadone to prevent accidental ingestion by children (1). The urgent need to revisit existing drug-use treatment and harm reduction policies and ensure that overdose prevention programs are adequately available for different age groups and settings (1, 2, 4, 5).

As opiate analgesics are used in Iran, particularly tramadol and methadone, tailored interventions and public health measures are proposed to address the needs of different genders and age groups. Finally, health policymakers should prioritize implementing effective interventions to address the complex challenges the illegal drug market poses in preventing and controlling

drug consumption. Law enforcement measures and comprehensive addiction treatment programs are necessary to address both supply and demand sides of the problem.

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