A firsthand launch: Heroin dependence treatment with a single dose of 48 mg of buprenorphine

Jamshid Ahmadi¹, Firoozeh Ahmadi², Farahnaz Ahmadi¹, Shahnaz Ahmadi¹, Saxby Pridmore²

¹ Professor and Founding Director, Substance Abuse Research Center, Shiraz University of Medical Sciences, Shiraz, Iran.

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Background: Heroin abuse is a cosmopolitan problem. Objective: To scrutinize the influence of a single dose of 48 mg of buprenorphine for the treatment of heroin dependence. Results: A single dose of 48 mg of sublingual buprenorphine is very influential for the treatment of opioid dependents. Discussion: This study indicates that buprenorphine as a single dose is very helpful in the treatment of heroin withdrawal symptoms. Conclusions: It appears that buprenorphine is very operative for the treatment of heroin dependence.

Keywords: Buprenorphine; Heroin withdrawals.

INTRODUCTION

Partial mu receptor agonist drugs such as buprenorphine have low possibility of overdose (Jasinski DR et al 1978).

Published studies in the treatment of opioid dependence, comparing methadone with buprenorphine, illustrate that buprenorphine is safer and more effective than methadone (Ling W et al 1998; Ling W et al 1994; Strain EC et al 1994). Johnson, Jaffe, and Fudala showed that 8 mg of buprenorphine per day is comparable to 60 mg of methadone considering retention rates and opioids negative urines (Johnson RE et al 1992).

Buprenorphine has less physical dependence than other opioids such as methadone. Buprenorphine could diminish the incidence of HIV and other connected problems falling to opioids abuse. In comparison with methadone, detoxification of buprenorphine is easier. Sublingual buprenorphine is well absorbed, reaching 60%–70% of the plasma concentration, but oral ingestion has poor absorption (Jasinski DR et al 1978; Lewis JW 1985; Jasinski DR et al 1989).

Since a long time ago people have been using opium as a medicine (Sadock B et al 2015; Brian J 1994; Jonnes J 1995).

Heroin is a synthetic derivative of opium and was earlier considered as a non-addictive medication (Sadock B et al 2015).


Now, opioids and stimulants-induced psychiatric disorders are developing problems and have produced more referrals to outpatient and inpatient psychiatric
FDA (Food and Drug Administration) approved buprenorphine for the treatment of pain, and opioid withdrawal symptoms (Sadock B et al 2015). In this report we are administering a single dose of 48 mg of buprenorphine for the treatment of heroin withdrawal symptoms and craving.

To the best of our understanding, there are not a considerable number of published reports on this subject, so, this study could disclose a new finding.

We prepared a reliable and valid scale of measurement (31, 32, 33) to measure the withdrawal pain and craving (based on DSM-5 criteria) for heroin withdrawal pain and craving, including scores from 0 to 10 (0 means no pain or craving at all and 10 means severe pain or craving and tendency all the time).

Pain and Craving Scale of measurement: 0-1-2-3-4-5-6-7-8-9-10.

DISCUSSION

This study makes clear that buprenorphine 48 mg as a single dose is very impressive in the controlling of opioid withdrawal symptoms.

According to the Iranian drug plan if somebody is found to be utilizing illegal substances and drugs, such as, ecstasy, methamphetamine, methylphenidate, marijuana, hashish, cocaine, hallucinogens, alcohol, morphine, pethidine, opium and heroin, (tobacco products are legal), he/she must be referred to outpatient / inpatient centers to be treated.

Opioid dependents in Iran could be detoxified with clonidine, methadone, and buprenorphine. Then, their maintenance treatment can continue with naltrexone, methadone or buprenorphine.
CONCLUSIONS

It looks that buprenorphine is very useful for the treatment of Iranian opioid dependents. Advising of buprenorphine is much better than former methods, such as little by little reduction in the dose of opioid sudden cessation without any medicine.

We may assume that a single dose of 48 mg of buprenorphine can control opioids withdrawal symptoms substantially.

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