

Structural Transformation in Delivering Comprehensive Addiction Rehabilitation Services in Iran

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Letter to Editor

Currently, drug addiction is one of the serious health-related problems in the Iranian population. ^[1] The existing programs in the area of early prevention have not been successful. Although, approximately acceptable approaches have been introduced and implemented in the area of the treatment of this social dilemma. The most important applied model in reducing the harm caused by drug addiction and secondary prevention interventions is the establishment of methadone maintenance therapy (MMT) clinics. ^[2] In recent years, these centers have been effective in controlling drug abuse and its outbreaks, including AIDS and hepatitis. ^[2] However, there are some problems that sometimes facilitate the failure of treatment and cause loss of financial and human resources in the country. ^[3] Challenges facing psychological counseling and psychotherapy are one of the most important problems. ^[4]

According to recent reports, a major part of success in treating drug abuse is due to psychological interventions. ^[1,5] Psychological interventions included motivational interviewing, individual psychotherapy, couple and family counseling, supportive systems training, and treatment of mood, anxiety, and personality disorders. ^[6] Obviously, these areas require specialization and the use of trained expert psychologists. ^[6] However, there are no skilled psychologists in MMT centers in Iran. These people generally have a bachelor's degree and do not have enough experience and interest in clinical interventions. Meanwhile, drug addiction is a multi-factorial issue that requires adequate knowledge and education about medical and pharmacological issues. On the other hand, inadequate salaries and benefits, lack of insurance, lack of job security, and encountering the demand for non-professional and non-specialized affairs are other Challenges for the success of psychotherapy. The significant difference between personnel and technical manager of the center in terms of revenue should also be added to the mentioned barriers. Recent problem have created a sense of discrimination and impunity for personnel. ^[7] On the whole, the lack of appropriate work experience and

the feeling of discrimination and inertia are doubly difficult in the delivery of psychological services. It is evident that despite these dilemmas, psychological interventions are not expected to be properly designed and delivered to patients. ^[4] This condition can predict treatment failure before the onset of a course of treatment.

Suggestions can be made to solve this problem. In the first step, it is recommended that the license to establish an MMT clinic is not only restricted to a physician. But the physician and clinical psychologist will jointly receive this license. In this case, these two partners can collaborate on the basis of an official agreement. A psychologist applying for a license must have at least a Master's Degree in Clinical Psychology. Also, he must receive a certificate of participation in addiction training courses approved by the country's Health Ministry. With these assumptions, joint management of the clinic and the integration of the benefits of the health care team can strengthen the delivery structure of the services. ^[8] Providing the same common interests, proper education degree and the experience of formal education and retraining courses can probably improve the lack of motivation in psychologists working in these centers. Therefore, the quality of psychological services and consequently the success of treatment are promoted. In addition, the design of an accurate delivery system for medical services and psychological interventions can reduce the team's weaknesses. In sum, it seems that the implementation of the proposed proposal (as a form of support for the treatment team and the integration of common interests) will lead to positive therapeutic outcomes. ^[8]

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Conflict of Interest

All authors disclose that there was no conflict of interest.

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