Letter to Editor: The Need to Revise Guidelines for the Management of Drug Abuse Treatment Centers (Methadone Maintenance Treatment)

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Addiction is one of the dilemmas of today Iranian society. Better understanding of addiction outcomes, planning to control and reduce the number of addicts, as well as improving the prognosis of addiction are among the Iranian policy makers priorities. Methadone Maintenance Treatment (MMT) is one of the methods used to help addicts have better control over the consumption of opioids [1, 2].

Methadone has 2 main advantages. First, it induces lower trance, compared with that of heroin and second its longer half-life that causes larger bioavailability, unlike heroin that induces a quick mental response, trance, and subsequently hangover. The patient who uses heroin feels trance, hangover, and fluctuation throughout the day, but the one who consumes methadone feels and behaves within normal range [3-11]. Of course methadone consumption like other opioids is associated with some side-effects like physical dependence, nausea and vomiting, constipation, suppression of respiratory system, coma, or cardiac and liver complications. Patients usually tolerate most of such complications, but methadone is somehow different from other opioids; for instance, it has longer half-life, which varies in different people. Methadone is extensively distributed in the body but may be accumulated in different organs following the continuous consumption [12-18].

Most of the methadone-associated side-effects are caused by its early and or late complications; reports stated by the Iranian Forensic Organization and Medical Centers indicate high rate of methadone-associated mortality. As a result, it was decided to prescribe MMT program just for the homeless addicts or the ones who lost their social function anyway. However, it was gradually prescribed for all patients due to lack of monitoring as well as its lower cost and availability [19-21], to the extent that today almost all drug abuse treatment centers prescribe or at least start MMT for all clients. Based on the rigorous and proven scientific evaluations, long-term methadone use can cause serious injuries like cardiac and liver problems and severe physical dependence. In other words, it is like jump out of the frying pan and into the fire; available figures indicate such dilemma. Hence, the following items are recommended to improve the current messy situation of addiction treatment.

1. Methadone and other drug abuse treatment drugs are provided directly as usual to the treatment centers, which seems unscientific and irrational due to insecure margins regarding the storage, maintenance, and distribution of such drugs. Addiction withdrawal medicines, enclosed with the leaflet or instructions, should be available in pharmacies throughout the city and placed at the disposal of addicts by prescriptions or the pharmacists like any other medicine; the effects and outcomes of this rational policy can be assessed in the long-term follow up.

2. It is recommended to remove the prescription of methadone from the therapeutic protocol for patients over 50 years old because of its high complications and side-effects of MMT as well as intolerance and former withdrawal symptoms that hurt the patients at least for 3 months and result in the simultaneous consumption of methadone and former opioid by the patient [22-24]. Although addiction treatment needs a therapeutic team comprising of a phycologist, internist, forensic physician and toxicologist, and social worker as well as the trustees from Iranian Ministry of Labor and Social Affairs, clients are commonly undergone treatment based on a psychological approach and addiction withdrawal expressions, and most of the officials in treatment centers only took the responsibility just by attending a 2- or 3-week training course and are unaware of the side effects of such treatments.

As a result, the policy makers of Iranian Ministry of Health and Medical Education should take required measures; in other words, an ounce of prevention is worth a pound of cure.

3. Addicts, like any other patients, have the right to be admitted in public or private addiction treatment centers or refer to physicians and receive treatment. Establishment of addiction treatment centers (with their negative psychological burden on the community) reduces the success rate of treatment programs in such an extent that completely undermines the activity of such centers so that their shutting down seems more rational.

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