



A Commentary on Subsidization of Drug Treatment Services in Iran: A New Approach

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Dear Editor,

Subsidization refers to a well-established policy to increase the purchase and use of products and services and promote their affordability for people in need (1). Most importantly, subsidization is the money paid by a governmental sector to help drug treatment services reduce costs; therefore, they can provide services at affordable and/or reasonable prices (1). A paper by Ahmadian Moghaddam et al. (1) about the role of subsidization in increasing drug treatment entry in Iran has been recently published in your journal. In our view, illicit drug use poses significant financial, psychological, and social costs to individuals and families. Therefore, subsidization may play a significant role in increasing treatment entry. Furthermore, Ahmadian Moghaddam and colleagues have highlighted a novel issue and how the trend of subsidization of drug treatment has been used for treating illicit drug use in Iran (1). Increasing treatment entry and retention among illicit drug users have remained an important health issue in Iran, the most populous Persian Gulf Country (2-4). The treatment of illicit drug use is essential in Iran due to the negative effects of illicit drug use on individuals and the public health sector (1-4).

Ahmadian Moghaddam et al. (1) compared two main types of drug treatments, including abstinence-based residential treatment and methadone treatment. Based on the severity of drug dependence and the rate of treatment retention, patients who benefited from subsidization were compared with other patients. Overall, 78 patients at methadone treatment clinics and 31 patients at residential abstinence-based centers were interviewed. Subsidization was found to be a strong motivation for entry into both types of treatments. However, it had no significant effect on treatment retention. Subsidization was found to have a

greater impact on methadone treatment than on residential treatment. However, the current strategy was found not to be an effective approach to increase positive treatment outcomes.

The study includes two key points. First, a few studies have investigated the effects of subsidization on drug treatment entry and retention in Iran. The second important key point is that it showed how the two main types of drug treatment in Iran used a cost-effective strategy to encourage treatment entry.

This finding is important because it highlights how some financial incentives, such as subsidization may increase drug treatment entry among drug-dependent people across Iran. This finding is consistent with several research papers from Iran, which show how drug dependence is increasing and how drug users need essential treatment services (2-5). This finding has important treatment implications for health policy-makers and key service providers in Iran to pay attention to subsidization as a strategy to increase drug treatment entry.

However, Ahmadian Moghaddam et al.' study (1) has several important research gaps that need to be investigated in future studies, as follows:

1) High-income patients may not benefit from subsidization. Likely, highly marginalized patients such as homeless people, people who inject drugs, and impoverished women benefit from subsidization. Therefore, a larger study needs to be conducted to investigate if there is a strong relationship between subsidization, drug treatment entry, and the socioeconomic status of patients. These factors may be important factors for the assignment of patients to subsidization.

2) There is a need to investigate if subsidization works as the only factor for treatment entry, or other factors such

as motivation for treatment entry, addiction severity, family support, and job responsibilities may have an impact on this issue.

3) A comprehensive qualitative study also needs to be conducted to investigate the effectiveness of subsidization by asking service providers in drug treatment clinics and how service providers view the long-term negative and positive aspects of implementing subsidization in drug treatment services.

4) Most importantly, psychosocial treatments have received professional attention to treat substance use disorders in recent years (6-8). Psychotherapy can facilitate treatment entry, but the role of comorbidities needs to be taken into consideration (9, 10). It needs to be clarified if subsidization combined with the delivery of psychotherapy may increase the patient's admission for treatment and long-term treatment outcomes.

In our view, Ahmadian Moghaddam et al.'s (1) research is one of the few studies that have addressed a significant health issue in terms of treatment costs in the Persian context. Some drug-dependent patients may enter drug treatment due to the sufficient availability of subsidization. We believe that, as a novel study in Iran, the paper benefits clinicians and health policy-makers to pay attention to the role of subsidization in drug treatment entry and retention. In our view, randomized controlled trials need to be designed and conducted to investigate if subsidization, as a feasible method, provides a clear picture of better drug treatment entry on a large scale.

Footnotes

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