Letter

A Commentary on a Health Concern in Iran with an Emphasis on Theories

Saeed Nateghi [1, *] and Hosein Effatpanah [2]

[1]School of Medicine, Ziaeian Hospital, International Campus, Tehran University of Medical Sciences, Tehran, Iran
[2]Department of Public Health, Asadabad School of Medical Sciences, Asadabad, Iran

[*] *Corresponding author*: School of Medicine, Ziaeian Hospital, Tehran University of Medical Sciences, District 17, Abouzar St, P.O. Box: 1366736511, Tehran, Iran. Tel: +98-2155176814, Email: mafsaneh45@gmail.com

Dear Editor,

Recently, a paper named "multi-level approach to theories of addiction: a critical review" has been published in your journal (1). Drug addiction is a serious health problem in Iran, the most populous Persian Gulf country (2-5) which needs effective treatment interventions (6-11). The authors critically argue that addiction is a multi-dimensional problem which is influenced by biological, psychological, social and environmental factors and they are important due to this issue that drug treatment policies are based on theories. Therefore, addiction theories provide a basis for developing treatment by health policy makers. For example; the dominance of the biological perspective can lead to developing methadone treatment as a medical issue. We have written this letter to the editor due to the importance of the paper for Iran; as our large drug treatment system especially methadone therapy has been impacted by medicalization and the dominance of biological perspective. As the authors highlight, addiction, however, is a multi-dimensional (biological, psychological, and social) issue. Although the roles of Iranian psychologists, counsellors and social workers have been emphasized in drug treatment in Iran, however their treatment activities are largely based on medicalization and the presence of prescribing medications for addiction treatment in clinical settings.

The authors argue that on one side, the biological, psychological, and social factors should be considered for addiction treatment, while on the other side, individual, group, and environmental factors should be considered for addiction treatment. Nevertheless, most theories have presented single or limited elements of the addiction scenario. In our view, the authors have highlighted an important issue because such a multi-dimensional approach is very likely to lead to better understanding of drug addic-

tion, better understanding of drug treatment systems in the community and as a result, better drug treatment retention, compliance and outcomes. In our view, the available research evidence by which the paper builds on this assumption is well-organised. The paper highlights that we need to be eclectic in introducing the harms associated with drug addiction to the society. On the other hand, we need to invest in drug treatment at a comprehensive level. However, the authors do not specify how an eclectic and multi-dimensional approach can be effectively developed for the treatment of drug addiction in an Iranian context and how we can bridge the gap between theories and clinical practice in Iran to maximize addiction treatment outcomes.

In our view, it is necessary to conduct holistic studies to bridge the gap between theory and practice. It should be noted that it is not necessary to specifically categorize patients into addicted and non-addicted and interpret their problems based on addiction theories. The more accurate approach for researchers is to consider their treatment needs and how we can effectively train a large group of people like family members, employers, medical doctors, social workers and psychologists to address addiction treatment in long-term. Future studies should consider the impacts of cultural and religious values, ethnicity, gender, age and the environment where addicted people live in to bridge the gap between theory and practice.

Footnotes

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