

Treatment and Harm Reduction

The harms reduction plan seeks to alleviate the social, economic, psychological, family and physical consequences suffered by drug addicts. There are three main pillars within the harms reduction plan that are as the following:

- 1- Training;
- 2- Offering sanitary items such as syringes and condoms;
- 3- Methadone-maintenance treatment (for heroin addicts).

Currently, the Treatment Department at the Drug Control Headquarters seeks to manage the issue of drug abuse. On this basis, the main scientific approach towards drug abuse seeks to cut the link between the drug consumer and the drug trafficker by offering special treatments, reducing the income of retail drug dealers, preventing the expansion of drug supply and smuggling networks, further diversification of treatment systems, changing the pattern from high-risk substances to low-risk ones and making further use of the private sector and public institutions.

1- Policies on treatment and harms reduction

The policies of the Drug Control Headquarters in the field of treatment and harms reduction are as the following:

- Criminalizing the consumption of narcotic drugs, psychotropic substances and their precursors except in scientific, medical and industrial cases as well as approved plans on treatment and harms reduction;
- Establishing and expanding public facilities for diagnosis, treatment, rehabilitation and adoption of broad-based and comprehensive scientific measures pursuing the following aims:
 - a) Treatment and rehabilitation for consumers of narcotic drugs;
 - b) Harms reduction;
 - c) Preventing the change of consumption pattern from low-risk to high-risk substances.
- Adopting necessary measures for post-treatment social support in the field of employment, leisure time, offering counseling and medical services as well as legal and social support for persons who have undergone rehabilitation and their families.

2- Statistical glance at the drug abuse condition in 2008

Prior to any decision or measure concerning treatment and harms reduction, it is necessary to take into account the condition of drug abuse in the country as well as individuals who seek treatment. Hence, valuable researches have been conducted by the Research Department of the Drug Control Headquarters.* Based on these researches the following results have been achieved:

The total number of drug abusers in Iran is 1200000 persons:

Opium 34%, crack (compact heroin) 26/6%, heroin 19/2%, opium residue 4.4%, Orphenadrine Citrate 4/1%, methamphetamine (glass) 3.6%, hashish 1.2%, burnt opium residue 1.5%, narcotic drugs (medicine) 1.2%, alcohol 0.7%, ecstasy 0.4%, burnt opium 0/3%, Buprenorphine 0.3%, cocaine 0.1%, LSD 0.1%, others 3.9%.

3- Characteristics of the population seeking treatment

Based on researches, the characteristics of the population seeking treatment on the basis of number, age, gender, education, marital status and employment are as the following:

- The number of persons seeking treatment stands at 1200000 of which 94.8% are male and 5.2% are female;

* Refer to chapter five

- From the view of age, the population seeking treatment can be categorized as the following:
 Below the age of 20, 3.3%;
 20-24, 15.6%;
 25-29, 25.6%;
 30-34, 18.3%;
 35-39, 14.6%;
 40-44, 9.7%;
 45-49, 6.8%;
 Above the age of 50, 6.2%.
 Therefore, the average age for addiction is 32.7.
- From the view of education, the population seeking treatment can be categorized in the following way:
 Illiterate, 5.3%;
 Able to read and write, 5.3%;
 Elementary, 16/2%;
 Guidance school, 32/9%;
 Guidance school to diploma, 31.5%;
 Post-diploma, 5/1%;
 Bachelor's degree and higher, 3.4%;
 Others, 0.3%.
- The marital status of the population seeking treatment is as the following:
 Single 41.7%, married 47.9%, separation 4.1%, divorced 5.3%, widow 0.6%, others 0.4%.
- Employment status of the population seeking treatment is as the following:
 Ordinary laborer 14/9%, skilled laborer 18.7%, farmer 3.2%, technical jobs 5.9%, drivers (working outside cities) 4.7%, drivers (working inside cities) 7.9%, unofficial jobs 5.1%, shop-keepers 7.9%, unemployed 30%, others 3.7%.
- The total number of individuals who received treatment services during 2008 stands at 587109 persons. Female individuals constitute 4% of the said figure. The average age of persons who receive treatment is 32. Fifty percent of IDUs (approximately 120000 persons) have been covered by harms reduction services during the previous year.

4- Measures

After comprehending the prevailing conditions regarding drug abuse and individuals who deliver treatment services, a number of practical measures have been carried out. the most important of which are as the following:

- 1- Development of DIC centers;
- 2- Development of Methadone maintenance treatment in government and private sectors;
- 3- Development of outreach teams;
- 4- Selection and mandatory treatment of homeless IDUs (Relief plan);
- 5- Development of triangular clinics;
- 6- Development of Shelter centers;
- 7- Offering technical training to physicians and other experts;
- 8- Applied research in the fields of treatment, rehabilitation and harms reduction;
- 9- Expansion of services for counseling, psychotherapy and social works;
- 10- Development of vocational training for patients under treatment;
- 11- Setting up automatic machines for delivery of syringes and condoms;
- 12- Development of a merger plan for drug abuse treatment in the health service network of the country;
- 13- Making operational the mobile centers for harms reduction;
- 14- Extending assistance to the therapeutic community (TC).



Harm Reduction Regional Meeting

5- Treatment services

Currently, there are approximately 700 private centers for treatment of drug abuse operating throughout the country. NGOs are actively contributing to treatment and harms reduction activities so much so that most DIC and outreach centers have become operational by NGOs throughout the country. Of course, treatment services are offered both at government and private centers for treatment and harms reduction. During the previous year, 587109 persons have been admitted by treatment, rehabilitation and harms reduction centers. And the following services are offered to them:

- Methadone maintenance treatment for 102,000 individuals;
- DIC gave service to 34,534 individuals;
- Increasing accessibility for 33,561 individuals;
- therapeutic community (TC) centers giving service to 1343 individuals;
- Shelter centers for homeless addicts (2622 individuals);
- Psychological interventions including individual, group and family counseling for 160,664 individuals.



A training course in a DIC center

5-1- Preliminary health services

In order to make use of the capacities of the first-care system and family physician plan in the proper obtaining of prevention, treatment and harms reduction services throughout the country,

the Health Ministry's department for prevention and drug abuse treatment formulated a merger plan. The plan has been reviewed several times due to the existing difficulties and intricacies in this sector. In 2007, in order to strengthen the scientific foundations of the merger plan, the strategic plan on reducing the spread and complications of drug addiction was formulated and its plan was reviewed. The plan is currently undergoing preparatory measures for its pilot implementation in 10 townships.



A treatment and rehabilitation center

5-2- Psychological care services

Based on the protocol for drug abuse treatment, all government and private treatment centers offer psychotherapy and counseling services to addicts and their families by psychologists. Special treatment facilities include the allocation of subsidies to poor addicts and reduction of the patients' costs at government centers.

5-3- Outpatient services

Outpatient services are offered in all provinces both at government and private centers. Currently, there are 700 private centers and 150 governmental centers offering such services throughout the country.

5-4- Hospitalization services

These services are offered by hospitals affiliated to 22 medical universities in the country. Meanwhile, 35 private hospitalization centers are operating based on a permit by the State Welfare Organization. Psychiatric hospitals also offer drug abuse treatment services throughout the country.

5-5- Social welfare services

The State Welfare Organization offers certain services such as medical insurance as well as vocational training to those who have quit drug abuse.

It should be noted that continuation of treatment plays an important role in preventing relapse and the Narcotics Anonymous (NA) Association has had considerable activities in this regard. Currently, 150,000 persons participate in the gatherings held by the said association. In treatment centers, prior to admission the patient receives his treatment program prepared by the physician. The physician selects one of the treatment methods namely abstinence-oriented treatment (detoxification and psycho-social interventions) and maintenance treatment along with psycho-social interventions.

Post-treatment care is also conducted by treatment centers under the coverage of medical universities and some treatment centers affiliated to the Prisons' Organization. Currently, approximately 102,000 persons undergo Methadone maintenance treatment and approximately 2,000 persons undergo maintenance treatment using Buprenorphine.

Regarding HIV/AIDS prevention, the measures adopted in the harms reduction sector are all aimed at preventing the spread of HIV/AIDS among IDUs and includes the offering of training to IDUs, their spouses, offering new syringes within a framework defined by Needles and Syringes Program (NSP), maintenance treatment using Methadone and Buprenorphine and the distribution of condoms and sanitary items.

The technical and Vocational Training Organization in coordination with the Prisons' Organization and the Welfare Organization has taken steps for offering vocational training to those who have quit their addiction. During 2007, 8885 persons have received vocational training services.

The organizations tasked with building capacities for offering harms reduction and treatment services include the Health Ministry, the Welfare Organization, the Prisons' Organization and the Vocational Training Organization. Meanwhile, 43 medical universities are also active in the field of treatment and harms reduction throughout the country.

6- Outstanding achievements

In the previous year Islamic republic of Iran has had several considerable achievements in the field of treatment of drug abusers. The most important ones are as the following:

- Selection of the Islamic Republic of Iran by WHO as one of the three educational focal points for harms reduction in the Middle East region;
- Providing coverage for 102,000 addicts using Methadone maintenance treatment;
- Offering syringes to 40,000 IDUs based on a plan for increasing availability and DIC centers;
- Holding a 15-day training course on Methadone maintenance treatment for more than 800 physicians within a year;
- Holding a regional seminar on harms reduction with the participation of representatives from 15 countries and international observers and representatives of UNODC offices throughout the region;
- Offering a training program on harms reduction activities in the Islamic Republic of Iran to ECO member states;
- Amendment of the Anti-Narcotics Act and inclusion of harms reduction program and treatment-oriented court in major policies and regulations;
- Offering syringes to IDUs in big prisons;
- Launching the harms reduction network among countries that participated in the regional seminar on harms reduction;
- Active participation by nearly 100 NGOs in treatment and harms reduction activities that provide coverage for approximately 90,000 individuals every year.

7- Challenges and hurdles concerning treatment and harms reduction

One can analyze the challenges and hurdles concerning treatment and harms reduction from the national and regional dimensions.

7-1- National challenges and hurdles

The most important challenges facing treatment and harms reduction at the national level are as the following:

- Budget shortage;
- Shortage of specialized staff who have received technical training;
- Shortage of training centers for offering training to physicians, psychologists, counselors and social workers;
- Entry of new and dangerous substances into the country such as compact heroin (crack) and Methamphetamine (glass).

7-2- Regional challenges and hurdles

At the regional level, lack of sufficient contacts among experts and lack of adequate attention to harms reduction measures particularly maintenance treatment using Methadone in regional countries are two major hurdles that block progress in the field of treatment and harms reduction.

8- Best action plan on treatment and harms reduction at national and regional levels

Among all the plans implemented in the field of treatment and harms reduction, the following plans have proved to be more successful:

- Methadone maintenance treatment (MMT);
- Needles and Syringe Program (NSP);
- Outreach plan.

9- Syringe delivery machines

In order to facilitate services to drug abusers, the Welfare Organization has set up machines that deliver syringes and sanitary items at DIC centers. Of course, the said measure was conducted last year as a pilot project. A survey was conducted with the participation of 85 individuals which evaluated the program as positive and it is hoped that by eliminating the shortcomings, this program would be implemented at a larger scale next year. The following tables show the result of the surveys:

- Eighty five individuals have been questioned whether they were satisfied with the syringe delivery system (they used three syringe delivery machines in the city of Tehran)

Appraisal Form	Number	Percentage
Top excellent	24	28/2
Excellent	12	14/1
Fair	24	28/2
Poor	2	2/4
Very poor	7	8/2
Unclear	16	18/8
Total	85	100

- Previous record of admission at DIC centers among 85 individuals who used three syringe delivery machines in the city of Tehran

Previous admission at DIC centers	Number	Percentage
Yes	60	70/6
No	24	28/2
Unclear	1	1/2
Total	85	100

- Has the machine facilitated availability of syringes among 85 individuals who used three syringe delivery machines in the city of Tehran?

Better availability	Number	Percentage
Yes	76	89/4
No	0	0
Unclear	9	10/6
Total	85	100

10- Priorities

The main priority is to reduce harms resulting from drug abuse that are carried out by using different methods such as MMT, NSP, offering condoms and sanitary items and offering training to IDUs and their spouses. By adopting such measures, the Islamic Republic of Iran has managed to control the spread of HIV/AIDS among IDUs in such a way that the rate has remained at 18%.

11- Requirements and necessities at national and regional levels

Despite all the progress made in Iran in the field of treatment and harms reduction there are still ample grounds for activities. The most important requirements in this regard are as the following:

- 1- Increasing the budget for treatment and harms reduction;
- 2- Increasing regional and international communications and transfer of positive experiences;
- 3- With regard to the scientific capacities of the Islamic Republic of Iran more efforts must be done for absorbing regional experts and offer training at accredited domestic institutions particularly the Iranian National Center for Addiction Studies (INCAS) that has been considered as an educational bloc by the World Health Organization (WHO).
- 4- Dispatching domestic experts and specialists to accredited treatment and harms reduction academic centers throughout the world so as to attain the latest scientific achievements in this regard.