



Mobile Intervention: A Fresh Proposal for Increased Success of Methadone/Buprenorphine Maintenance Treatment in Iranian Population

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Dear Editor,

During recent years, methadone/buprenorphine maintenance treatment (MMT/BMT) clinics in Iran have been able to control drug abuse and high-risk behaviors, such as transmission of HIV (1). The center's treatment protocol is multi-component. Except for medication delivery, the protocol simultaneously involves psychological interventions and social worker services (2, 3). According to available reports, these centers have been able to control drug abuse. Furthermore, MMT/BMT clinics have reasonably been effective in controlling transmissible diseases, such as hepatitis and AIDS. However, recent studies have shown that some patients are using methamphetamine due to lack of awareness of the MMT/BMT benefits and fear of side effects of methadone (4). These considerations and other similar challenges have encouraged the secondary prevention and rehabilitation professionals to enhance therapeutic successes. Thus, scanning and offering the new models of rehabilitation services delivery (5) has been welcomed by politicians and health professionals.

To reduce the failure of the programs, recent studies suggest that MMT/BMT should be integrated with comprehensive health and support services (5). In this regard, an indirect multi-dimensional services delivery to the patients outside of MMT/BMT clinics is a method that could potentially increase the quality of service delivery and adherence to the treatment. Routinely, the patients receive face to face pharmaceutical and psychological care services. On the other hand, according to the Iranian Health Ministry protocol, a significant number of the patients are referred to receive medication and other services weekly

(3). The time gap between weekly physical referrals is a high-risk period for slip and relapse of substance abuse.

Internet-based delivery or mobile intervention is welcomed by the patients as an indirect method of rehabilitation services delivery (6). During recent years, technological advancement and use of communication tools and applications in cyberspace has grown dramatically. Mobile applications, such as Telegram and Mobogram, are used daily by the general population and by patients treated in MMT/BMT centers. It seems this is a perfect opportunity to provide services to the patients during the mentioned high-risk period. Using this delivery format, a doctor can monitor and control the patients' physical health and medication dose daily. Moreover, in case of an emergency, a doctor can promptly provide special instructions to each patient and reduce the likelihood errors leading to treatment failure. The MMT/BMT psychologist may monitor the treatment process and adherence to behavioral assignments several times a week. In addition, due to the time-consuming psychological counseling sessions, a psychologist can only be able to visit a few people per day, moreover, time limitation will be greater in case of performing psychological tests. Therefore, performing indirect psychological tests and providing audio and video clips to the patients may be effective in time management and may provide the opportunity to offer extensive psychological services to all patients. Moreover, clinic social workers can monitor the patients and their family members by this approach.

Based on these considerations, the rehabilitation services delivery would not be merely limited to the MMT/BMT

clinics. Using the internet-based delivery format and mobile intervention in the time gap between weekly physical referrals to the clinic potentially increases the treatment-related positive outcomes. Finally, to improve health outcomes and prevent rehabilitation failure, we recommend that the routine services of Iranian MMT/BMT clinics be integrated with comprehensive health and support services (5); namely, internet-based delivery and mobile intervention (6).

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