

Brief Report

Brief Report of Dual Addiction and Its Treatment in Iran

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Many of opium abusers are a tobacco smoke and would like to quit but unfortunately only a small number of them can benefit from assistance in this respect. Thus, authorities in different countries are responsible for providing low-cost and cost-effective interventions and quit programs to help smokers stop smoking [1]. Nicotine addiction is rarely regarded with the same urgency as drug narcotics abuse in the scope of public health. Yet, with the rise of cigarette consumption within developing countries reaching epidemic levels, the specter of widespread smoking-related morbidity and mortality remains a looming public health crisis [2]. It is predicted that by 2030 over 80% of smoking-related deaths worldwide will occur in countries with low or average income [3].

Treatment of nicotine dependence is among the main responsibilities of health care systems worldwide. This research paper represents the first evidence from within the Islamic Republic of Iran in support of parallel treatment of dual addictions.

This was a parallel, randomized clinical trial in 2012 tested the impact of nicotine replacement pharmacotherapy during the course of methadone treatment among opiate abusers. A total of 424 men entered the study at 4 drug treatment centers in Tehran, Islamic Republic of Iran and divided to 2 groups of 212. The intervention group received a 6-week regimen of nicotine replacement pharmacotherapy at no charge adding with routine methadone treatment.

There was a strong desire among addicts in this study to undergo parallel smoking cessation treatment while undergoing treatment for drug abuse. 95% of subjects were satisfied

with this joint treatment. This satisfaction also helps to have no lost to follow-up. This study adds to the body of evidence in support of parallel treatment for dual addictions. After 6 months, the proportion of those who quit smoking cigarettes was greater in the intervention group than in the control group (7.1% compared with 0.5%). It was very important that behavioral therapy and nicotine replacement medication played a major role in smoking cessation. A comparison between intervention and control groups also yields evidence that nicotine replacement therapy is crucial in order to obtain high rates of efficacy in smoking cessation treatment.

An important finding of the present study was the high quit success rate and continued abstinence in smokers who used more nicotine replacement therapy. This finding should be taken into consideration by the authorities in tobacco control programs. Smokers who use NRT should be advised to use nicotine patches for longer periods of time. NRT for 6 to 8 weeks or up to 12 weeks in some cases has been specifically recommended. A related point to consider in this study is the reduction in slippage-the recurrence of drug abuse - in the intervention group over a 6-month period. While 13 persons (6.1%) in the control group experienced slippage in drug abuse, only three persons (1.4%) in the intervention group had similar failings.

In conclusion, smoking cessation intervention with clinical behavioral therapy and nicotine replacement therapy can have a significant impact on the general health of drug abusers.

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