



Performance Management Model of Methadone Maintenance Treatment Centers: Challenges and Strategies

Babak Behzadi^a, Somayeh Hesam^{1*}, Shaghayegh Vahdat¹, Iravan Masoudi Asl², Ramin Afshari³

¹Islamic Azad University South Tehran Branch, No. 223, Headquarter of Islamic Azad University, South Tehran Branch, Tehran, Iran

²Iran University of Medical Sciences, Shahid Hemmat Highway, Tehran, Iran

³Shiraz University of Medical Sciences, Administration Building, Shiraz University of Medical Sciences, Shiraz, Iran

Abstract

Introduction: Substance use disorder has led to various psychosocial and health-related problems worldwide. The solution for reducing negative consequences associated with substance use is Methadone maintenance treatment (MMT). This study aims to design a management model in the centers for substance use disorder treatment in Shiraz, Fars, 2019.

Methods: This qualitative research is a grounded theory (GT) study using Strauss and Corbin's strategy for data collection. We used a theoretical approach of sampling and interviewed 21 staff members of MMT centers. Data analysis was simultaneously done with data collection.

Results: After analyzing all the interviews, we defined treatment challenges as the central issue in MMT centers. Also, we determined causal conditions, context, and intervening conditions. Causal conditions include weakness in supervision, insufficient training, technicians' weaknesses, and underestimation of the importance of prevention. Poor teamwork, lack of motivation, and inappropriate personnel competency were among the interventional factors. We found that contextual factors were due to inefficient public policies, limitations in issuing new licenses for new centers, and insufficient income centers. At last, we extracted the initial performance management model.

Conclusion: To sum up, people who apply for work in MMT centers must take specific psychological tests before recruitment. To increase efficiency, MMT centers need financial and economic support. Developing more MMT centers and, at the same time, expanding recovery programs such as social aid, psychotherapy, and medical care will help build a healthy environment and encourage the abusers to return to everyday life.

Keywords: Management model, Substance use disorder treatment, Substance abuse, Methadone, MMT

Article History:

Received: 17 September 2021

Accepted: 17 February 2022

Please cite this paper as:

Behzadi B, Hesam S, Vahdat S, Masoudi Asl I, Afshari R. Performance Management Model of Methadone Maintenance Treatment Centers: Challenges and Strategies. Health Man & Info Sci. 2022; 9(2): 66-75. doi: 10.30476/jhmi.2022.92841.1101.

*Correspondence to:

Somayeh Hesam,
No. 223, Headquarter of Islamic Azad University, South Tehran Branch, ZIP area 11, Azarshahr Street, North Iranshahr Street, Karimkhan-e-Zand Avenue, Tehran, Iran
Email: somayehh59@yahoo.com

Introduction

Substance abuse is on the rise in today's society (1) and remains challenging psychiatric, health, and social issues (2). Annually, about 5 million Iranian people are directly affected by the consequences of substance use which are the leading causes of about half of the crimes committed in the country (3). Since substance use disorder is such a severe issue to individuals, families, and communities, all facets of such behaviors must scientifically be addressed.

Management of opioid dependence might be either abstinence-based or harm-reduction-based. Disregarding efficacy, each approach might use either psychotherapeutic, psychosocial, or pharmacological methods alone or in combination. Pharmacological methods should involve long-term maintenance with

medications such as Methadone, Buprenorphine, or Naltrexone. Methadone is an industrial opioid available in the form of pills and a liquid form called Methadone Syrups (4).

Methadone maintenance treatment usually has four primary goals: a) Keep the client in treatment, b) Prevent withdrawal and intoxication episodes, c) Prevent the risky behaviors associated with substance use disorder, and d) Prevent crime (4). As a result, opioid agonists lead to reduced substance use and subsequent crimes and risk of death. That is to say, ongoing methadone maintenance treatment can control the damages caused by substance use disorder (3).

Evaluations show that paying enough attention to managerial principles of maintenance treatment centers improves the results of therapy. Determining our healing goals in maintenance treatment and

achieving clear consensus among all working staff is essential because disagreement or misunderstanding about treatment objectives will negatively affect the treatment (3).

In an organization, management has unique interactions with the goals. Many experts see the failure or success of an organization in its management style; therefore, applying appropriate performance management principles, methods, and styles plays a vital role in the optimal performance of institutions (5).

Since the missions, objectives, opportunities, and threats of an organization differ from others, the details of the planning process and strategy should be specified separately (6). Unfortunately, performance management of the treatment centers is more empirical and sometimes relational rather than scientific and is based on accepted principles. Consequently, it cannot sync the environment of the organization with the rapid changes and be committed to implementing changes and reforms at the most crucial level of the organization. The purpose of designing a model for performance management is to provide good opportunities and a dynamic information update for the workforce (7).

Since there has been no complete research conducted about presenting a management model for Methadone Maintenance Treatment Centers in Iran, this study aimed to design a model for managing these centers.

Methods

Research Method

Staff members' perspectives on management at substance rehabilitation centers were obtained using a qualitative research method of semi-structured interviews and focus group questions. In this process, the general characteristics of the case study and different aspects of the related variables were identified, named, and categorized (8).

Sampling Method

For participation in the study, the staff of

substance abuse treatment centers was chosen for interviews; they were selected from the employees with different responsibilities in the centers. The centers included in the study were randomly chosen out of the 130 existing centers after visiting ten centers and conducting interviews with 21 owners. In this research, a theoretical sampling method was used, and the sample size was based on the theoretical adequacy concerning the theory. Table 1 displays the interviewee's information.

Sample Size

Most researchers and experts believe the desirable sample size in grounded theory for reaching theoretical saturation is 20 to 30 (9). Moreover, in grounded theory, with two or three unstructured interviews with each person, 20 to 30 participants are needed (10). In the current study, the number of case studies reached 19, and theoretical saturation was obtained; therefore, two additional interviews were also performed after saturation.

Data Collection Method

Data were collected through individual format interviews, which consist of deep face-to-face discussions. The first interview was unstructured, so that we could identify and discover the key concepts. Analyzing the data from the first interview clarified what was needed to be asked in the following interviews about the participants' experience with the study subjects (8). A single interviewer interviewed all the participants to ensure consistency between the interviews.

We used open interviews, each lasting for 40 to 60 minutes. The participants' comments were immediately recorded after receiving their consent and implemented; then, they were analyzed using a 3-step coding method.

Coding Method

For data analysis, we used a 3-step coding method: open, axial, and selective coding. Open coding is an

Table 1: List of Interviewees

Row	Education Degree	Occupation	Number of Interviewees
1	General Practitioner	Technical Officer of Methadone Maintenance Treatment Centers(MMT)	9
2	Poison Specialist	Technical Officer of Methadone Maintenance Treatment Centers(MMT)	1
3	BS in Nursing	Nurse at the Methadone Maintenance Treatment Centers(MMT)	3
4	Master of Clinical Psychology	A psychologist at the Methadone Maintenance Treatment Centers(MMT)	4
5	Master of General Psychology	Social Worker at the Methadone Maintenance Treatment Centers(MMT)	1
6	High School Diploma	Secretary at the Methadone Maintenance Treatment Centers(MMT)	3
Total			21

analytical process through which the concepts are identified, interpreted, and categorized.

The conducted interviews were analyzed according to the systematic approach of Strauss and Corbin's grounded theory. The researcher can report the results in the form of concepts or categories or present them in a diagram. The 3rd step of the process is selective coding; in this stage, the researcher begins modeling and creating hypotheses. In the selective stage, the researcher writes the storyline, which connects all the categories together. In this stage, the researcher can write the results in the form of concepts or categories or present them in a diagram (9). Thus, the main lines of the story were identified and the categories determined. Finally, by identifying the main problem, other aspects such as causal conditions, context, intervening conditions, and the connection between them were revealed. After completing the processes mentioned above, the proposed management model of Methadone maintenance treatment (MMT) centers based on the model of Strauss and Corbin were presented (Figure 1).

Credibility Criteria

In this study, we used Strauss and Corbin's systematic approach, which provides the credibility criteria for evaluating the quality of grounded theory. We measured the validity based on relativity and applicability indices. In the relativity index, the study results must be acceptable to the participants; for this

purpose, after the study was completed, the project results were sent to 7 participants, and they approved the extracted model. As to applicability, the research findings should improve the existing knowledge about the subject under study, and they should also help to understand and manage the forthcoming situations in the field of study. Seven participants also approved the applicability of the study.

Results

After analyzing the interviews (Table 1) and extracting the codes obtained through the 3-step coding process, we extracted 447 initial codes, 106 subclasses, and 20 classes. Then, the main problem, causal conditions, context and intervening conditions, action/interaction strategies, and consequences were identified, and the initial model was extracted. Table 2 displays the education category and its subcategories.

Main problem: The treatment challenges of the MMT centers were considered the main problem.

Causal conditions are the main factor causing the phenomenon of this research, which is about the Methadone Maintenance Treatment. The main categories included challenges in control and monitoring, insufficient training, benefits of MMT centers, the small role of prevention, and technicians' weaknesses.

Challenges in control and monitoring: Monitoring these centers is complicated and requires experienced human resources. One participant said: "It is difficult

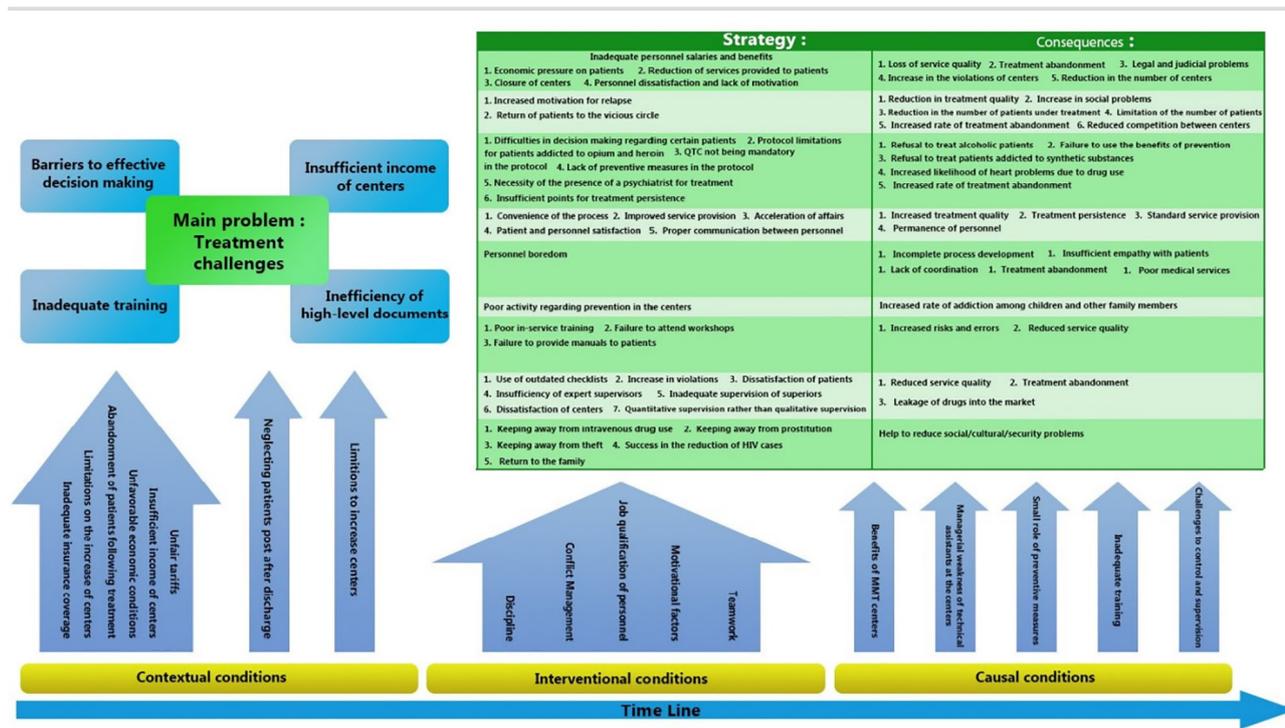


Figure 1: Performance Management Model of Methadone Maintenance Treatment Centers

Table 2: The education categories, subcategories, and codes

Class	Subclass	Code
Training	Consistent Training	The necessity of consistent training for the personnel
		The need to increase the staff's ability in the centers
		Efficiency and ineffectiveness of some personnel
		The necessity of holding practical workshops
Prevention Training	The need to train the patients' children for prevention	The need for intervention of centers such as barracks, universities, and schools in the prevention
		The need to educate the vulnerable groups such as the children of addicts
Patient Training	Preparing a small educational booklet for patients upon arrival	
Faulty Training	Preparing a small manual for new patients	

due to the large number and lack of human resources to control all people"(p12).

Insufficient training: Training is the main part of empowering employees. Inadequate education has many consequences for the centers, patients, and society. One participant said: *"There are no trained and skilled personnel. This problem causes the services provided to patients and the satisfaction of the services to decrease."* (p5).

Benefits of MMT centers: The addiction treatment clinic has succeeded in this field and hastened to help them with the help of psychology, psychiatry, medicine, and neurology. Detoxification, cognitive therapy, diagnosis, family therapy, and the prescribed drug are the services provided. One of a participant said: *"In the inpatient method, addiction treatment is for people who struggle with chronic addiction or suffer from mental and behavioral disorders with addiction. In the outpatient method, the person is present at home and all his social and work activities are not disturbed, and they attend the treatment sessions only during the specified days and hours. This method is for those with mild forms of addiction."* (p16).

The minor role of prevention is informing people about the risks and harms of drugs, so that in this program, the factors that cause harm to the person are examined; also in the addiction prevention programs, the person's life skills, such as decision-making skills, strengthen the issue and social communication in the individual and expresses essential information in this field. Neglecting this issue will lead to addiction in the society. One of a participant stated: *"Due to the conditions of the country and access to narcotics, the work in the centers is done slowly."* (p7).

Technicians' weaknesses: Capable and experienced staff can be effective in improving the patients and motivating them. One of the participants said: *"The process of getting rid of addiction is very complicated and it is accompanied by an exceptional experience of physical, mental and emotional conditions, which is especially difficult for people who do not have such*

experiences. Without the presence of professionals, it is possible to stop treatment and regret at any moment. Therefore, the influential role of competent people is necessary to continue the treatment process." (p1).

Intervening conditions act in facilitating or limiting the strategies of research findings in a special field. These factors include teamwork, motivational factors, personnel competency, and weaknesses in managing the conflicts and discipline.

Teamwork: Clinical care is becoming more complex and specialized, forcing medical staff to attempt complicated health services. Teamwork is an important model for delivering health care to patients. One participant said: *"In this way, psychological principles are used to help people to be more determined and serious about getting through addiction treatment by talking to their loved ones. Teamwork facilitates the activities of the centers and improves communication."* (p6).

Motivational factors: Psychologists emphasize the role of motivational factors such as goals, interests, values, and so on, as mediators that lead to behavior change. One participant stated: *"The importance of therapeutic relationships between the therapist and the patient is critical. This relationship can be highly effective."* (p13).

Personnel competency: One of a participant said: *"The therapist must be experienced and qualified. He must see the world from the eyes of the patient. The therapist must put himself in the patient's place and understand the problems. Do not judge the patient in any way. Most addicts are sensitive to judgment. Judging severely affects the patient and this problem creates a disturbance in the treatment process."* (p11).

Weaknesses in managing the conflicts: You may want to help people addicted to drugs, but they may think you are controlling them. These feelings can lead the person suffering from addiction to their addiction and increase conflicts between people. One of a participant said: *"Someone who goes to the drug addiction clinic for the treatment of addiction to*

Ritalin needs this connection, just like other clients. If you want to awaken the motivation to quit addiction in someone, you should not tell him that you are doing something wrong for this reason or that your answer and reasons for dealing with a problem are wrong. This relationship and the loss of trust will make the distance between the therapist and the patient longer and unfortunately disrupt the treatment process.” (p5).

Context shows the characteristics that indicate a phenomenon. In other words, it is the location of events related to the phenomena along one dimension. The main categories include inefficiency of public policies, restrictions on the new licenses for the centers, unfavorable economic situation, insufficient income, inadequate insurance coverage, and the unreasonable tariff on the centers.

The inefficiency of public policies: Drug abuse in Iran has always been a concern for people and policymakers. The lack of a specific program and the weakness of social activities are the factors influencing the rise in addiction in society. One of a participant said: *“The lack of a plan to prevent and control the Marginalized urban community, working children, divorce, and moral corruption can be mentioned.”* (p3).

Restrictions of the new licenses for the centers: Obtaining a business license is required for the legal establishment of any business. According to the laws, the business license is issued by the University of Medical Sciences. One of the participants said: *“Addiction treatment is difficult from the beginning to the end. There is no doubt that addiction treatment centers face many problems in line with their duties, but some challenges such as not providing licenses for other centers and reducing the burden of centers and inconsistency of instructions should be addressed.”* (p9).

Unfavorable economic situation: In this situation, people face challenges during their life in the country, such as high rates of unemployment or underemployment, Increasing inequality, high rates of poverty, and low income. One of the participants stated: *“There are growing concerns about the effects of sanctions against Iran on addiction treatment programs. The lack of essential medical equipment, less patient access to medical services due to economic restrictions, financial problems for non-governmental organizations and harm reduction programs, as well as changes in drug markets in Iran and the region are some of the negative effects of sanctions.”* (p10).

Insufficient income: It is lack of enough income to provide the necessities of life such as food, food, treatment, and education. One participant said: *“Many centers have faced financial problems.*

Unfortunately, addiction treatment centers are also subject to tax. On average, a drug addiction treatment center pays taxes annually. For example, The place of 95% of addiction treatment centers is rented. The low income of this group of people is not enough and has affected their quality of life” (p17).

Inadequate insurance coverage: Most patients suffering from addiction and psychiatric disorders have adequate insurance coverage for medical expenses. However, this is not enough. If the person's addiction is not treated and only the psychiatric illness is treated, addiction can continue along with the illness. One of the participants said: *“Inefficiency in supporting patients due to high costs has many consequences in their individual and social lives.”* (p 4).

The unreasonable tariff of the centers: It is the amount of money allocated for the cost of providing services to addiction treatment centers. One of the participants said: *“Along with the inflation rate and increase in the cost of services in the country, the tariffs of the centers should be fair. Otherwise, it will cause the centers to go bankrupt.”* (p2).

Strategies

Strategies refer to providing solutions to face the phenomenon under study. Its purpose is to manage the phenomenon, deal with it and show sensitivity towards it. The main categories identified in this field include appropriate benefits, increase in motivation, and improvement of the quality of employee training.

Appropriate benefits: Privileges in the field of visiting treatment centers will lead to purposeful and regular treatment. One of the participants said: *“If suitable facilities and services are provided at the time of visiting the center, this will make the patients more motivated to visit and continue the treatment.”* (p12).

Creating motivation: It is the process that initiates, guides, and maintains goal-oriented behavior in patients. One participant said: *“The most important issue in quitting addiction is the individual's desire to quit; people who have a desire to quit can and will be freed from the trap of addiction. However, people who do not want to quit, it is necessary to motivate them to find the will to do so. In order to to encourage the person to quit, one should first help the addict accept his/her addiction and not deny it. Then, he/she should get the necessary information about the type of drugs, so that he/she does not get surprised in certain situations and has a better understanding of the situation of the addicted person.”* p(10).

Improving the quality of employee training: Education is not only one of the fundamental human rights, but it is also considered the basis of the

economic and social development of a society. One of the participants maintained: *“Empowering the staff through necessary training is very important. The staff should be trained on how to deal with the patient, know alternative treatments, and learn how to manage the disease through targeted training.”* (p2).

Consequences

The result of action and reaction is the conditions that exist in the field of the phenomenon. The main categories identified in this field include reducing social, cultural and security problems; increasing the quality of treatment; and reducing violations, patients' withdrawal from treatment, and sociocultural and security problems. The existence centers that accept patients and provide the required services will prevent corruption and crime in the social environment. One of the participants said: *“Patients visit the center and can receive methadone regularly. In these centers, patients who do not have a good financial situation are referred to the welfare offices, so that welfare facilities are assigned to them.”* (p8)

Increasing the quality of treatment: Patients have personal files. Welfare facilities are considered for each patient. One of the participants said: *“The patient has two types of drug and non-drug treatment; in the field of non-drug treatment, when a person is aware of his illness and knows that his condition will improve when he takes appropriate measures, it has a positive effect on his treatment process.”* (p14).

Reducing violations: As to breaching all the physical, emotional, and social attributes by a person, one of the interviewees said: *“Caring for these patients makes them less prone to violence. Lacks and needs lead them to conflict and violence.”* (p6).

Reducing patient withdrawal from treatment: Continuation of treatment leads to partial improvement in patients. One of the subjects stated: *“Some patients refrain from treatment for various reasons. The problem can be avoided by improving care conditions, and paying attention to the patients and their needs.”* (p3).

Discussion

The aim of this study was to design a performance management model for MMT centers. The main problems and casual, contextual, and intervening conditions, approaches, and consequences were extracted in our model.

Casual factors in the centers included the technicians' weaknesses, insignificance of prevention, inadequate training, and challenges of control and benefits of MMT centers. According to our literature

review, it seems that there is not enough attention to technicians' weaknesses. At the same time, in our study, the participants believed that a capable technical officer can help the treatment process run more smoothly, create a proper connection between the staff, provide the patients and personnel with satisfaction, expedite the matters, and provide better services to patients.

Kenneth et al. showed that primary prevention training for substance use disorder significantly reduces smoking, alcohol use, and inhalant abuse (11). Ahmadi and Talepasand also emphasized the effectiveness of prevention in a study (12). Both researches, as mentioned earlier, were in line with the current study regarding this subject. According to the research background, we found no inconsistency with the present study results regarding this subject found. In the previous studies, not enough attention was paid to the importance of substance use disorder prevention in MMT centers; however, according to the participants' opinion, this lack of attention results in an increase in the substance use disorder of the children and other family members.

The participants believed that inappropriate staff training, personnel absence in training workshops, and failure to provide patient manuals in centers could have serious consequences such as the increased risk of error and danger in the treatment process and decreased quality of treatment. As to insufficient training, Bagherzadeh and Amini revealed that stress management training could reduce cravings and increase psychological empowerment and social skills and, therefore, can be used as an effective method for improving the condition of patients under treatment (13). Moghaddas and Nouri also indicated that holding in-service educational courses improved the efficiency in various aspects and affected the workers' productivity (14).

Another causal condition was challenges of control and monitoring; the participants' experience showed inefficiency of public policies, excessive attention to quantitative parameters, lack of attention to qualitative aspects, lack of expert monitoring, and increased violations. These challenges result in lower quality of services, an increase in the variety of substances available in the black market, and the patients' withdrawal from the treatment program. Changing the approach in evaluating the centers from the database method to treatment consequentialism, increasing the capabilities of evaluators, promoting accountability in managers and service providers, and rating and encouraging the centers were the other results of this study. All these results are in line

with those of the present research.

The rehabilitative role of the MMT centers was another factor that the participants emphasized. The participants expect that the centers keep the patients away from injection, prostitution, stealing, and reduce the diseases caused by needle sharing such as AIDS and hepatitis, and increased return to social life. A study by Fazeli revealed that among the addicts, the crimes of possession, transportation, and selling of substance accounted for 63% of the reasons for conviction, which is consistent with the findings of the present study (15). The study conducted by Shirzad and Najafi Emami showed that addicts committed many minor crimes, and there was a significant relationship between the type and amount of substance used and committing minor crimes (16). Moreover, injecting substance users are mostly exposed to various risks (4). In Iran, between 1996 and 2001, the rate of HIV/AIDS infections caused by injecting substance use increased from 2.2% to 66.7% per year (17). Yaghoubi and Ahmadiniya also showed that most people with AIDS/HIV were infected through injection substance use (18). In line with the current study, the results of the research done by Parvaresh et al. also revealed that Methadone maintenance treatment reduced the needle sharing by 97.3%, fighting with the police and imprisonment by 96.3%, family quarrels by 80%, and substance use and positive morphine tests by 68.2% (19).

As viewed by the participants, interventional conditions included teamwork, motivational factors, competency, role of the personnel, and weaknesses in the management of conflict and discipline. The participants believed that all the factors related to the personnel cause the treatment processes to run more smoothly, create proper communication between the staff, increase the personnel satisfaction with the way the services are provided, speed up the affairs, and help to provide better services. The study of Afshari et al. showed that self-efficacy, job satisfaction, and mental health had a negative relationship with procrastination, and there was a positive relationship between procrastination and occupational burnout (20). Making efforts to increase empowerment can be a valuable strategy to promote organizational commitment (21).

Context includes the inefficiency of public policies, ban on issuing new licenses for centers, unfavorable economic situation, the insufficient income of the centers, inadequate insurance coverage for treatment services for substance use disorder, and unreasonable tariffs of the centers. The participants stated that not issuing new licenses for the centers

reduced the services provided to the patients and increased motivation to return to substance use and the vicious cycle of substance use disorder. All these will consequently lead to a decrease in the competition between the centers, and the quality of the services delivered causes the patients to withdraw from treatment; therefore, the number of patients under treatment is reduced and social, cultural, and security issues are increased. Yaghoubi and Ahmadiniya indicated that Methadone maintenance treatment reduced the crimes, which is consistent with the present study results (18).

Participants believe that the unfavorable economic condition of the society, insufficient income of the centers, inadequate insurance coverage for treatment services for substance use disorder, and unreasonable tariffs cause problems such as inadequate salaries benefits for the staff, staff's dissatisfaction and lack of motivation, poor quality of the services delivered, economic pressure on patients have urged the centers to close. All the issues above eventually lead to an increase in the number of violations in the centers, a reduction in the number of active centers, a decrease in the quality of treatment services, patients' withdrawal from treatment, and more legal problems. Khammarnia and Peyvand revealed that unemployment and economic problems were some of the main reasons for return to substance use (22). Psychological and psychoanalysis costs are not taken into account, and this tariff must be considered so that the treatment team can receive a tariff for the services they provide (23). The participants of this study believe that establishment of the centers is not cost-effective given that the number of patients they can receive is limited. Also, the lack of appropriate increase in tariffs in recent years, as well as increased costs, including personnel salaries, rent, medicine, and other necessities, will have consequences such as increased violations in the centers, reduced number of open and active centers, decreased quality of treatment services, patients withdrawal from treatment, and increased legal problems. However, the important outcomes of the economic problems that MMT centers are suffering from were not considered by the researchers.

The Inefficiency of Public Policies

Difficulty in decision making in the case of some patients, only including opium and heroin abusers in the treatment protocols, lack of prevention-related measures in the protocols, the need for a periodic visit with a psychiatrist for treatment in centers, and insufficient privileges for the patients remaining on

the treatment in comparison to others are among the primary policy-related issues. All these problems will have outcomes such as lack of treatment for alcoholics and patients addicted to a substance, lack of using the benefits of prevention, increased heart problems caused by Methadone use, and the increased number of patients that withdraw from of the treatment. Abedi believes that the current treatment methods and protocols for substance use disorder are not effective for treatment and should be revised annually (23). Furthermore, Hashemi believes that the pattern of substance use has changed from traditional to industrial and the tendency towards industrial substance use has increased, so there is a need for a fundamental annual review of treatment protocols for substance use disorder and protocols (24). Sefatian states that more than 90% of treatment protocols for substance use disorder in the country belong to the last 15 years, and the pattern of substance use disorder treatment in these centers is limited to methadone treatment; therefore, it is necessary to revise these protocols (25). These statements are in line with the results of our study.

Conclusion

The positive and practical results of MMT centers in all the studies conducted indicate their enormous benefits for society. Among them, we can mention reducing injecting substance users and consequently reducing diseases such as HIV/AIDS and hepatitis. Additionally, MMT centers help to reduce crimes such as prostitution and theft.

As to the roles of personnel and technicians (physicians) in the centers, choosing competent people through psychological tests for employment in the centers plays an influential part in motivating patients to overcome their substance use disorder and continue treatment. Furthermore, continuous personnel training will be effective in reducing the errors and dangers of treatment. The role of prevention has been almost wholly neglected in Methadone Maintenance Treatment Centers. Also, taking the financial and economic situations of the centers and their staff into account can increase efficiency and reduce problems. Health policymakers can review the tariffs and provide appropriate insurance coverage for Methadone maintenance treatment.

Undoubtedly, the inefficiency of public policies and failure to update them according to substance use patterns in society leads to increased consumption and waste of resources and increases social, cultural, and security issues. The Ministry of Health should attempt to develop new MMT protocols and their

annual update. Constant and timely monitoring based on updated monitoring checklists can also improve performance in these centers. Therefore, expanding the centers and improving treatment services provided in MMT centers, including social aid, psychotherapy, and medical care, can help create a safer community and minimize social, cultural, and security issues in society.

Acknowledgements: Not applicable.

Author's Contributions

All authors participated in (a) conception and design, or analysis and interpretation of the data; (b) drafting the article or revising it critically for important intellectual content; and (c) approval of the final version.

Funding

The authors received no specific funding for this work.

Ethics Approval and Consent to Participate

The subjects who participated in the evaluation were fully informed about the evaluation being conducted. With the ethical aspect of the study in mind, ample time was given to the respondents to express their true feelings about the research questions. Consent from the respondents was taken, and appropriate permission was also obtained to use their given data. Confidentiality of the responses was maintained strictly to ensure the privacy of their data. The disclosure of respondent identity was based on their permission; if they were not willing to disclose their identity, it was not disclosed. Beyond that fact, usage of any secondary data from any source was acknowledged with appropriate reference. Hence, the ethical aspects of the research were followed very strictly in this research. The subjects participated in the evaluation free from coercion and were free to withdraw from the study at any time without negatively impacting their involvement in future services or the current program and relationships with any of the researchers or research bodies involved.

Consent for Publication: Not applicable.

Competing Interests and Authorship Confirmation

The article we have submitted to the journal for review is original, has been written by the stated authors, and has not been published elsewhere. This manuscript has not been submitted to, nor is it

under review at another journal or other publishing venue. The authors acknowledge that they have no affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent-licensing arrangements), or non-financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

Conflict of Interest: None declared.

References

1. UNODE Research. World Drug Report 2018. Vienna: United Nations; 2018.
2. Daniel LT, Krishnan G, Gupta S. A study to assess the prevalence and pattern of substance use among male adolescents in suburban area of Delhi. *Indian Journal of Social Psychiatry*. 2017;33(3):208-12. doi: 10.4103/0971-9962.214596.
3. Makri A, Nouruzi A. Protocol on Management of Opioid Dependence with Methadone. Tehran: Vice President of the Ministry of Health, Treatment and Medical Education 3re ed. 2014. Persian.
4. Methadone maintenance treatment. Clinical Guidelines for Withdrawal Management and Treatment of Drug Dependence in Closed Settings. Geneva: World Health Organization; 2009.
5. Tabibi J, Raeissi P, Nasiripour A. Strategic management implementation in hospitals affiliated to Iran University of Medical Sciences. *Journal of Inflammatory Diseases*. 2003;7(3):54-60.
6. Darvish H, Kolivand P, Rasouli R, Mobaraki H. Strategic planning model for private hospitals with delphi method: a study in khatam alania hospital. *Shefaye Khatam*. 2014;2(S2):1-10. doi: 10.18869/acadpub.shefa.2.3.1.
7. Hariri M, Sajjadi H. Investigating the Challenges and Strategies for Improving Productivity in Hospitals and Medical Centers. *ACECR Scientific Information*. 2007;2:665-73. Persian.
8. Corbin J, Strauss A. Basics of Qualitative Research (3rd ed.): Techniques and Procedures for Developing Grounded Theory. California: SAGE; 2008. doi: 10.4135/9781452230153.
9. Creswell J. Qualitative inquiry & research design: choosing among five approaches (Bütün, M. & Demir, SB Trans.). Ankara: Siyasal Publishing; 2013.
10. Morse JM. Determining sample size. Thousand Oaks: Sage Publications Sage; 2000. p. 3-5. doi: 10.1177/104973200129118183.
11. Dowell D, Arias E, Kochanek K, Anderson R, Guy GP, Jr., Losby JL, et al. Contribution of Opioid-Involved Poisoning to the Change in Life Expectancy in the United States, 2000-2015. *JAMA*. 2017;318(11):1065-7. doi: 10.1001/jama.2017.9308.
12. Ahmadi N, Talepasand S, Rezaei A, Keshikzadeh PS, Ghodsi A. Effectiveness of health promoting educational programs in the primary prevention of addiction in high school students. *Journal of Analytical-Cognitive Psychology*. 2014;5(20):1-15. Persian.
13. Bagherzade E, AMINI N. The Effectiveness of Stress Management Training in Meichenbaum on Psychological Empowerment, Social Skills, and Craving in Addicts in Addiction Treatment Vaccine Clinics. *Research on Addiction*. 2020;13(54):265-78.
14. Moghadas T, Nouri A. The Effect of in-Service Training on Physician's Productivity in Health Centers: A Semi Experimental Study. *Journal of healthcare management*. 2019;9(4):19-26.
15. Fazeli A. The Effect of Addiction on Crime in Isfahan. *Isfahan Police Science Quarterly*. 2017;1396(13):15-46. Persian.
16. Shirzad J, Emami VN. The Relationship between Drug Addiction and Minor Crimes. *Quarterly of Criminal and Intelligence Researches*. 2014;9(3):121-43. Persian.
17. Farhoodi B. HIV/AIDS Epidemic and Injection Drug Abuse: Damage Reduction and Syringe and Needle Plans Scientific. *Quarterly of Research on Addiction*. 2003;1(3):173-87. Persian.
18. Yaghoobi H, Ahmadiniya H, Shabani Z, Vazirinejad R, Zolfizadeh F, Rezaeian M. The epidemiological investigation of patients with HIV/AIDS in Bandar Abbas behavioral disorders counseling center during 2005-2015. *Journal of Rafsanjan University of Medical Sciences*. 2018;16(10):969-82.
19. Parvaresh N, Kheradmand A, Darijani M. The effect of methadone maintenance therapy on harm reduction in opiate dependents in kerman socio-behavioral consulting centers. *Addict Health*. 2010;2(1-2):26-8. doi: 10.1016/S0924-9338(11)71776-X.
20. Afshari B, Siadat SA, Mehrabi Kooshki HA. The role of self-efficacy mediation, Job's motivation, Job's satisfactory, Job's wear (fatigue) and time management in related to mental health and

- Procrastination in Education organization. *Career and Organizational Counseling*. 2017;9(32):121-47.
21. Baiky F, Taghva A, Mehrbakhsh Z, Khalili A. The Relationship between Empowerment and Organizational Commitment of Nurses in commitment in medical education Center martyr Sayyad Shirazi (2018). *Education and Ethics in Nursing*. 2020;9(1):23-9. doi: 10.52547/ethicnurs.9.1.2.23.
 22. Khammarnia M, Peyvand M. The reasons of return to drug addiction and suggested solutions among the people referring to rehabilitation centers: A Qualitative Study. *Journal of Rafsanjan University of Medical Sciences*. 2018;17(6):523-38.
 23. Abedi H. Treatment Protocols Are Not Effective. 2018 January 7. ICANA News Agency. 2018. Persian.
 24. Hashemi H. Arbitrariness of Addiction Treatment Protocols in the Country. 2018 January 12. ICANA News Agency. 2018. Persian.
 25. Safatian S. Old Dust on the Face of Addiction Treatment Protocols. 2018 January 6. Iranian Students' News Agency. 2018. Persian.