

## Development of Alcohol Treatment Services Models in Iran

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The international data have indicated a growing trend of alcohol use worldwide during recent years. Although alcohol use is against cultural norms and religious law in Iran, anecdotal reports from substance abuse treatment providers show that there is demand for alcohol treatment in the country. A recent national report also documented alcohol use disorders in Iran. Development and implementation of evidence-based and culturally appropriate alcohol treatment services is one of Islamic Republic of Iran Ministry of Health national multi-pronged approach to address burden of alcohol use disorders.

During development of national alcohol use disorders treatment guideline, guideline development team reviewed international evidences and guidelines for alcohol and drug treatment and designed a draft model for alcohol treatment. The preliminary model presented in an expert panel of drug treatment specialist and was finalized.

Three tiers of treatment facilities were recommended to provide cost-effective treatment response to alcohol problems including out-patient, ambulatory treatment, residential treatment with defined medical monitoring and management and inpatient facilities. The inpatient level sub-categorized to two categories including alcohol treatment section within a drug treatment ward of a general hospital, and specialized alcohol treatment ward or section within a general psychiatry ward. The inpatient facilities need to have an Intensive Care Unit (ICU) or be affiliated to an ICU in another hospital. Since there is high stigma attached to alcohol use in Iran, it is recommended that the alcohol services are integrated within currently available drug treatment and health facilities.

**Keywords:** Alcoholism; Iran; Substance Abuse Treatment Centers

## Epidemics/Outbreaks of Methanol Poisoning

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Epidemics of methanol poisoning happens across the globe. There are prognostic factors associated with morbidity or mortality from methanol poisoning. Recently we have compared retrospective observational case series of methanol-poisoned patients from Norway (1979 and 2002-2005), Estonia (2001) and Tunisia (2003/2004), and patients from two different centers in Iran (Teheran 2004-2009 and Mashhad 2009-2010).<sup>1</sup> According to this findings, 23% died. Among them, a pH < 7.00, Glasgow Coma Scale (GCS) < 8, and a pCO<sub>2</sub> ≥ 3.1 kPa in spite of a pH < 7.00 were found to be the strongest risk factor for poor outcome.

In Iran, methanol poisoning outbreaks happen on yearly basis. It is important to have a treatment protocol in place to be prepared for potential large ones, such as what has happened in Rafsanjan last year. This review emphasizes on a road map to develop a national guideline to encounter methanol poisoning/outbreaks.

**Keywords:** Epidemics; Disease Outbreaks; Methanol; Poisoning