



**INNOVATIONS**  
**in**  
**ADDICTION**  
**TREATMENT**  
**and**  
**RECOVERY**  
***The Story of Congress 60***

**Hossein Dezhakam** and **William White**

**Innovations in Addiction Treatment and Recovery**

**The Story of Congress 60**

**Hossein Dezhakam and William White**

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Translations by Ehsan Ranjbar

Cover Art by Shani Dezhakam

Editorial Assistance by Kim Clower

# Table of Contents

<a href="#"><u>Preface (Amin Dezhakam)</u></a>	<a href="#"><u>1</u></a>
<a href="#"><u>Foreword</u></a>	<a href="#"><u>4</u></a>
1. <a href="#"><u>Hypothesis of Drug Addiction / Types of Drug Users</u></a>	<a href="#"><u>6</u></a>
2. <a href="#"><u>Common Addiction Treatment Methods</u></a>	<a href="#"><u>17</u></a>
3. <a href="#"><u>In Opposition to Detoxification</u></a>	<a href="#"><u>33</u></a>
4. <a href="#"><u>Proper Methods of Addiction Treatment</u></a>	<a href="#"><u>39</u></a>
5. <a href="#"><u>The DST Method</u></a>	<a href="#"><u>51</u></a>
6. <a href="#"><u>Interview with Mr. Hossein Dezhakam, Founder of Congress 60</u></a>	<a href="#"><u>56</u></a>
7. <a href="#"><u>Medical Experts are Not Familiar with Basics of Addiction</u></a>	<a href="#"><u>99</u></a>
8. <a href="#"><u>Congress 60, A Pioneer of Addiction Treatment</u></a>	<a href="#"><u>113</u></a>
9. <a href="#"><u>Addiction Engineering</u></a>	<a href="#"><u>121</u></a>
10. <a href="#"><u>The Missing Link of Worldview</u></a>	<a href="#"><u>127</u></a>
11. <a href="#"><u>The X theory and Hypothesis of Addiction</u></a>	<a href="#"><u>132</u></a>
12. <a href="#"><u>Congress 60: An Addiction Recovery Community within the Islamic Republic of Iran</u></a>	<a href="#"><u>141</u></a>
13. <a href="#"><u>Smoking Cessation within a Recovery Community (Congress 60, Iran)</u></a>	<a href="#"><u>170</u></a>
14. <a href="#"><u>Congress 60: A Recovery Community in the Islamic Republic of Iran</u></a>	<a href="#"><u>183</u></a>
15. <a href="#"><u>A Pilot Study of Smoking Cessation within an Iranian Addiction Recovery Community</u></a>	<a href="#"><u>193</u></a>

## Preface

How joyful it was when 19 years ago my father used the last piece of opium. We didn't have a broad knowledge on addiction at that time, but we experienced its destructive power on our family. It was like life was giving us delights through the transition of my father. We were reviving; we were receiving happiness and self-confidence not through books but through each other's eyes.

I was a fresh student of physics those days and I could have imagined a beautiful future for my family and I. Snowing combined with music transcended us to the heavens those days. We weren't financially gifted, but what we gained was priceless and we wouldn't change our place with kings! It was a bliss which was given birth via an amazing treatment method in our family.

One, who spent most of his life finding new methods to prevent job hazards, was hunted and captured by addiction. Successes of his life in helping others were nothing but a blurry memory. His job was fault detection of complicated tele-communication systems. He spent years to read hundreds of books in order to investigate addiction and its potential medical and spiritual remedies.

Like a phoenix rising from ashes with renewed body to do other tasks, he formed with efforts inspired in the depths of darkness and hardships a new mold which is called the D.S.T method—a method not only to prevent harms but to transform harms into health.

What you are going to read and hopefully enjoy in this book is the results of D.S.T invention over the past two decades. The result was establishment of Congress 60 in 1998. Since then, some 20,000 addicted people have recovered their lives within Congress 60. It warms my heart that cooperation with other organizations and researchers has resulted in the recovery of so many addicted individuals and their families. Before that, perhaps for thousands of years, human beings were looking for a way to explain natural phenomenon and great

progress was made in some fields like mathematics, astronomy, philosophy, medicine, and architecture.

One of the prime subjects was the rules of movement, and we had some generic philosophical theories on it. Most scientists explained natural phenomenon via philosophy and morality. Regardless of being true or false, that type of reasoning seemed to be rational. Cause and effect were not taken into consideration at those times. For instance: it was believed that airless paper bags can be crumpled up because nature hates a vacuum! It was the same until great scientists like Newton put an end to such nonsense.

The new rules of movement brought about great changes which formed the body of the scientific revolution. Finding cause and effect in any case can result in finding problem roots. Whenever we are incapable of finding the prime cause for a phenomenon, we start adding causes and thus the new equation will become unsolvable mathematically. This situation will result in a dead end which is of course caused by wrong definition and diagnosis in the first place.

One sees an airplane flying above him; he sees an iron bird with huge wings and a horrifying sound. Fire comes out of tail and both wings. Are we capable of building an airplane based on that description? In search for instruments to explain the reason behind movement, Newton found a form of mathematics which started a revolution in our world. He wanted to dig a hole for his sapling and instead he found a treasure which initiated many other things. The distinction between having the true knowledge or general knowledge is like being in a garden tasting its fruits or seeing the garden from a long distance.

If we lack a scientific approach, then we will be forced into gibberish theories like before. Regarding addiction treatment, a new approach was invented by Hossein Dezhakam and the fruit thereof has been sweet since 1997. The discovery of this unique method brought hope to addiction treatment and many other incurable diseases.

I thank my father for giving me the chance to write a preface for his book. I also thank Mr. William White and other researchers who supported us along this road.

The true happiness is not to shine like stars but to help others.

Be immortal and let your light give life

Amin Dezhakam

## Foreword

Addiction is an enigma, with authorities in the fields of medicine, psychiatry, psychology, pharmacology, sociology, law, and religion each offering distinctive and often conflicting views on its nature and solution. Inter- and intra-professional debates flourish on whether addiction is a problem of body, mind, morals (character/values), spirit, or social environment. Institutions charged with the management of addiction often base their methods on one of these dimensions at the exclusion of others. We see, for example, a split between programs emphasizing the use of medications juxtaposed against programs emphasizing psychosocial approaches to treatment with further splits within these branches. As a result, what treatment one receives depends primarily upon the organizational door one enters rather than scientific consensus or personalized evaluation.

Those with lived experience of addiction speak of addiction as a process of being possessed by a force over which they have no control—an all-consuming process that deforms all aspects of personal and interpersonal functioning. Regardless of how drug use may have begun, they disclose how all areas of their lives suffer wounds from addiction and that recovery entails healing the full spectrum of such effects. That understanding challenges narrow approaches to treatment and has spurred calls for more integrated models of addiction treatment that treat the whole person, the family, and one's living environment.

Internationally, pioneering programs have begun this integration process. The articles and interviews that follow provide an exemplary model of such integration drawn from the work of Mr. Hossein Dezhakam and the Congress 60 recovery community in the Islamic Republic of Iran. Under Mr. Dezhakam's leadership, Congress 60 has articulated a unique theoretical framework for understanding addiction (X Theory), pioneered a unique approach (DST method) of medication support during recovery initiation nested within a vibrant community of

peer-based recovery support. Congress 60's approach to addiction treatment addresses a broad spectrum of physical, psychological, social, and spiritual needs of the tens of thousands of individuals and families that make up this recovery community. Within this model, one finds a unique approach to restoring normal physical functioning of the addicted individual at the same time he or she is involved in a dramatic reconstruction of personal identity and daily lifestyle. Also of note are quite remarkable achievements in the integration of smoking cessation, nutrition, exercise and athletic competition, the arts and music, and acts of community service into the very heart of addiction treatment. Readers seeking to build a recovery community organization will also be interested in Congress 60's innovations in the screening, training, testing, certification, and supervision of peer recovery mentors.

The articles and interviews included within this collection will acquaint readers with the history of Mr. Dezhakam and Congress 60 as well as an overview of its methods and evaluation efforts to date. Those interested in comprehensive models of addiction treatment and recovery support will find much to reflect upon in this collection. The following pages point to a future when addictions will be scientifically unraveled, effectively treated, and in which individuals and families receive sustained support across the long-term stages of addiction recovery.

I have had the honor of collaborating with Mr. Dezhakam for many years and am honored to be asked to co-edit this collection. I hope readers will gain new insights from these discussions that will further widen the doorways of entry to addiction recovery.

William L. White, M.A., Emeritus Senior Research Consultant, Chestnut Health Systems. Author, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*



# 1

## **Hypothesis of Drug Addiction / Types of Drug Users**

**Hossein Dezhakam**

“Knowledge is not sophisticated; everything has a key”

It is better to implement addiction treatment based on hypothesis of addiction treatment. The discussed principles of this article was reviewed and approved at the first international medical congress on addiction treatment. Congress 60 believes alongside physical (body) treatment two other aspects (psyche and world view) must be considered as well.

### **Goal**

This article aims to challenge the current treatment methods of drug addiction and their claim of a quick recovery (one week or one month) from addiction to narcotics. Quick recovery is impossible physiologically due to the long-term addiction. Addiction treatment is not equal to a negative urine drug test.

### **Introduction**

I was addicted to opium for almost 17 years. I tried many unsuccessful treatments under supervision of addiction treatment experts. Since I was an electronic engineer and a researcher, I started a research my own addiction. Finally, I arrived at the conclusion that

reaching a state of recovery from addiction is not possible in a short time.

## **The Method of Research**

The original research began in 1984 when I decided to quit my opium addiction by seeking cure through various methods of treatment. After several failed attempts and defeats without a positive result, I decided to investigate my own addiction scientifically. My assumed hypothesis was that the pain suppression system and the opioid peptides of my body were not working properly and needed repair.

I then initiated a tapering of my consumed doses and during 11 months I reached zero amount of usage. My body was given the appropriate time to fix itself. Tapering was completed on December 6, 1997--my redemption day. Afterwards this experiment was carried-out on other addicted individuals and the same results were achieved. The results were tremendous and prompted the founding of Congress 60 and my continued researches.

## **Research findings**

This paper is titled “hypothesis of drug addiction” therefore the physiology is taken into consideration, both visible symptoms and invisible symptoms. The visible symptoms are clear but the invisible symptoms (malfunction of opioid peptides) have been constantly ignored. Treatment period is approximately 11 months. This method was applied for 50 individuals and same results were achieved.<sup>1</sup> Several hours after last usage, symptoms like insomnia, muscle cramp and spasm, sexual problems, crying, excessive sweating and etc. are tangible. Subsidence of these symptoms is highly likely even if no action is taken. (More information is presented at “Crossing the 60 degrees below zero zone” written by the author).

## Visible and Invisible Symptoms Due to the Withdrawal

Sudden withdrawal of narcotics results in tangible symptoms. These symptoms fall into two categories and this is the blind spot of today's treatments.

Visible Symptoms: Reactions from the body are tangible by the patient and others around him. They start within several hours from the last usage and reach their peak within the first 24 hours. The followings are the main reactions.

- 1) Frequent sneezing
- 2) Insomnia
- 3) Runny nose
- 4) Bone ache, wrist, and muscle ache
- 5) Excessive sweating
- 6) Muscle cramp and spasm
- 7) Diarrhea

These symptoms subside in a few weeks even if no action is taken. However, some such as insomnia and muscle spasm might persist.

Different Approaches on Visible Symptoms Treatment or Detoxification:

- Using medication under a doctor's supervision for a period of one or two weeks.
- Decreasing the Narcotics consumption in one or two weeks
- Violent method like confinement by force, physical punishment or chaining one to a bed. (Those who implemented violent methods would claim that this method actually works. But in fact, the tendency of body toward mean and balance in due time is taking care of visible symptoms.)
- Using acupuncture along with medication.

- Cold turkey or sudden withdrawal.

Conclusion: Apparently all the above-mentioned methods are effective to treat the physical symptoms, because time allows the body to restore itself. For instance: when an addicted person experiences cold-turkey, he/she will struggle with diarrhea and yet we know this is not caused by microbe or virus and after few days the body tends to regain its balance.

An Important Point: To withdraw from using narcotics is less than five percent of the treatment process. Many drug users pass through this stage but since cure is not achieved – lack of physical balance, they experience a relapse.

## **Invisible Symptoms**

Managing less obvious symptoms is the most sensitive part of the treatment process. It emerges after the first stage (visible symptoms) has passed. These issues exist while passing the first stage as well, but the patient is not fully aware of them. Someone who is struggling with severe diarrhea is not concerned with depression.

These invisible symptoms include:

- 1) Depression
- 2) Hopelessness
- 3) Isolation
- 4) Indifference or lack of motivation in life
- 5) Impatience or lack of tolerance
- 6) Excessive Exhaustion
- 7) Insomnia
- 8) Laziness
- 9) Forgetfulness
- 10) Abnormal crying

An Important Point: The above mentioned symptoms do not have psychological roots in the early stages: However, these disorders are caused by the deterioration of the body's anti-pain system and opiate peptides. The treatment should be done in a way that all these systems gradually restart their production. All those sleeping, anti-depressant's pills that are supposed to help the patient, only damage these systems deeper and deeper. In other words, by pouring water into a dry spring, you can't get the spring to start flowing again, and a proper solution must be found.

According to our experience, to repair and rebuild this opiate like system of the body and to achieve 90% of a successful recovery, we must follow a proper guideline over a period of 11 months. Having a balanced physiology, a balanced mentality is achieved also and only leaves the spiritual outlook on life which must be revived by attending group therapy classes every week. It needs to be mentioned that if this spiritual view (worldview) is not recreated, then relapse is highly likely.

### **Treatment or Curing the Invisible Symptoms**

Treatment of secondary symptoms involves several key points. This stage could be passed without utilizing medicine, but the relapse probability is very high (Those who do not relapse have done an extraordinary job!). During this period, the patient often experiences disorders regarding sexual relationships and other daily tasks. Due to the withdrawal, a destructive shock is forced on the body and psyche of the patient and some of these issues will not regain balance until his/her death.

1. A proper medicine (addiction treatment medicine) could be replaced instead of narcotics. Afterwards a gradual tapering of doses during 6 to 11 months could be implemented.
2. Opium users could taper the opium over a span of 11 months.
3. Heroin users (injection and other types) must stop taking heroin and replace it with three doses of opium or opium tincture.

4. Gradually the opium dose will be reduced until it reaches zero.

Notice: Apart from the legal issues, I have learned through experience that there is no medicine as beneficial, cheap, complete, and strong as opium in addiction treatment.

### **The Overall Procedures for Treating Addiction**

It is advised that in this program of prevention, cure and curbing addiction, we act like a car's battery. In other words, with our primary force, we generate a power plant and then just stand aside, just like the car's battery. It starts up the engine and then moves aside. Of course, the engine recharges the battery after it is turned on so that it is ready for next time.

We can never take on the roles of the engine and battery simultaneously. Even if we utilize all the doctors in the country, it would take centuries to treat all the substance users who of course would relapse back into addiction because of the current treatment methods. In Congress 60, we create networks of group therapy made up of substance users themselves, whom are given the necessary information to manage themselves. This method has the highest rate of success with the least amount of input.

### **Perfect Treatment**

Addiction withdraw is easy. It is so easy that every person addicted has done it a few times and has enough experiences about it! But in this project, our purpose is full recovery and a perfect cure. Therefore, we are introducing a practical method.

To treat the addicted patient, three factors must be taken into consideration and these three must progress equally and at a same pace. If any one of these three factors is incomplete or poorly executed, a successful recovery will not be achieved. These factors are:

- a) World view
- b) Body
- c) Psyche

For example, if someone reaches a deadened meaning of life and living (world view), even if his psychological and physical problems are solved, he would once again go back to narcotic addiction.

### **The Timetable for Attaining 90% of Health**

In this plan, more focus is given to physical issues and alongside of its efforts to improve psychological problems and our way of thinking must be attended to through classes, counseling and lectures. In addition, when physique is improved, psyche will also improve and in due time, the optimum balance is achieved. Physical and psychological recovery takes about 11 months. Transition of world view into being healthy takes unknown time.

Steps to Execute the Project in Any Organization: Key steps in this process include the following:

- Conduct introductory session for management on how to educate and treat addicted individuals who are seeking recovery, plus educating the managers about the nature of addiction and its prevention.
- Organize seminars for all the employers on prevention, cure and curbing addiction, including question and answer segment.
- Give the employees who are addicted about a year to treat their illness. Of course, this should be done with the support of the management so that individuals who have this problem come forward comfortably.
- Create a center in each organization for counseling, education, prevention and curbing addiction: Conduct daily

classes (group support meeting) facilitated by individuals in recovery.

- Make available educational materials on addiction recovery, e.g., tapes, CDs, brochures, DVDs and etc.
- Provide training to people seeking recovery on how to play a role in their own treatment and also assist others.

It is necessary to mention that under no circumstances can benefit be achieved from a sudden withdrawal, especially in the working environment. With sudden withdrawal, the person will not be able to work for a month and their performance is affected for about a year. Imbalances might happen which can disturb the peace in the working environment.

### **Categorizing Addicted Substance Users**

Candidate for Addiction: These are people who use narcotics leisurely, and are confident that they will not get addicted. They are addicts of future.

Prevention method: it is necessary to explore all the true attractions and disadvantages of substance use for this group of potential addicts, since they are a priority and have special importance. Practical solution: conducting lectures in factories and organizations, televised round-tables media coverage and educating public school's teachers. The lecturers must be individuals who are accepted by people whole heartedly and their words are supportive and encouraging not the type that attack drug users verbally and incite fear in people.

Group of substance users who are satisfied with their addiction: This group of addicted individuals assumes that they have discovered a magical substance, are enjoying their addiction, and even think that other people are missing out on this amazing discovery. This group is on the beginning of the path and is drowned in their addiction and is like a womanizer who sees an old witch as a beautiful young woman.



Solution: For now, we can't treat this group unless we change their way of thinking gradually.

Second Solution (curbing substance use): curbing substance user is a new discussion which we are integrating into the culture of addiction, along with cure and prevention. It is a practical step to treat this group of substance users. Let's assume we can apply harm reduction here, for example a person injecting 17 times a day or taking 200 pills a day, coming down to 3 times a day (injecting) or 20 pills a day; and remain on that dosage. This is damage control and in choosing between bad and worse, we have chosen bad. This reduction causes a better overall balance (mentally, physically) and prepares the user for further tapering. Distributing syringes can also reduce the chances of contracting aids and Hepatitis in the society.

Substance Users Who Want to Quit: This group of substance users constantly suffers from their addiction, and no matter how much they have tried, they haven't been able to quit their habit. This group is seeking our assistance and we can implement a treatment plan for them. Before discussing the solution, we should mention the types of narcotics relevant in our plan:

Heroin method of usage:

- injection in vein (usually on the hands)
- smoking
- snorting in the nose (sniff)

Opium methods of usage:

- injection in vein rarely used in Iran
- Smoking using different tools
- eating raw opium (very popular among young people)

Shireh (produced from boiling opium) methods of usage:

- the methods of usage is similar to opium, but it is 2 or 3 times stronger

Pills, Drugs, Injecting (sleeping, relaxants, anti-pain pills)

Sometimes quitting these medications is much harder than quitting opium and heroin and causes extensive damage and after sudden withdrawal, the person might faint or get convulsions a few times daily. There are some people who consume more than 300 pills daily. In fact, they consume whatever they can get their hands on; they do the four main acts (THC, opium, heroin and pills).

Comparing the effects of narcotics on the Human Body: Injecting 0.1 gram of Opium=eating 1 gram of Opium=smoking 10 grams of Opium. Group of substance users wanting to quit consist of the following three categories:

1. Employed addicts
2. Unemployed addicts
3. End of the line addicts

Employed Individuals Who are Addicted: These are addicts who are working full time like workers, students, and professionals. The gradual tapering method is recommended to treat this group's addiction, because sudden withdrawal prevents them from doing their responsibilities. The duration of treatment is 11 months.

Unemployed Individuals Who are Addicted: They can be treated with medications gradually, depending on the conditions of the addict. Note: they should not be given major responsibilities for about 10 months.

Addicted Individual Who are at the End of the Line: These are individuals who have lost everything in life (family, work, friends and wealth). They don't even have a place to sleep and rest. Suggestion: They must be referred to special rehabilitation centers and be supported financially for up to a year. They must not accept heavy

responsibilities. They should attend group therapy sessions given by rehabilitated individuals.

An Important Point: Outside of legal and logistical issues, I have experienced this crucial knowledge, that no drug is as strong, complete, inexpensive, useful and safe as Opium is, for curing addiction.

# 2

## Common Addiction Treatment Methods

### Interview with Hossein Dezhakam

This paper discusses the common addiction treatment methods and what families must know regarding this issue. Meanwhile the gradual treatment process which was invented by Hossein Dezhakam is presented in this article. This article is published by “Omid Javan” journal.

#### **Preface: (Omid Javan)**

Addiction progression among youth has put families and societies on alert. Unofficial statistics on drug abusers is hard to digest. More than 2 million drug abusers and the tendency of youth toward narcotics highlights the urge to review related policies.

As long as there are addicts there will be illegal narcotics traders. Regardless of narcotics low price and illegal traders we must change our fish-eye view and revise our point of view toward addiction and drug users. We must throw away the wrong stereotypes and put a new method into action. What follows is our interview with a man who has tasted the bitterness of addiction and has founded a new method to cure addiction.

**Omid Javan:** Thank you for accepting our invitation, please introduce yourself.

**Hossein Dezhakam:** I am Hossein Dezhakam a traveler!

**Omid Javan:** You are utilizing the “Traveler” term instead of drug abuser or a recovered addict, where did you get it from?

**Hossein Dezhakam:** Addiction develops a bunch of attributes within a drug abuser. Darkness, fear, anxiety, atheism, humility, Lies and other things that won’t let go of an addict. In order to be released of addiction’s grasp one must take a journey and replace these attributes with desirable attributes. From darkness to light, fear to courage, anxiety to bliss, atheism to faith, humility to exaltation and etc. This is a travel which must happen both within and without the person so that he can revive. That’s why we call each other travelers.

**Omid Javan:** Recently a series is on air called “traveler” and it shows some of your efforts in promoting addiction treatment. Please give us some details on this series.

**Hossein Dezhakam:** Sometimes divine providence initiates some movements and those movements join one another in some milestones creating a new joint progression and such milestones cannot be foreseen by mankind. The producer of “traveler” series was willing to produce this series about addiction and he was thinking about giving this series another name. Incidentally I was honored by meeting him and we talked about addiction.

His point of view on addiction was changed during that very session and he read my book on addiction. Then he asked to be presented at our sessions. After a few sessions he was introduced to some facts about addiction. Later on, the director of this series (Mr. Siroos Moghadam) attended our sessions and after that actors and actresses of the series came along.

All in all, their point of view was changed. This series shows facts on those who are revived from addiction. I thank all who had pivotal role in this series for their courage. The public thinks that who experienced addiction is dirty, disheveled, and homeless. But in this

series, we can see that an addict could be in great shape. Anyone can turn into a drug user regardless of gender, personality, profession and etc.

**Omid Javan:** Nowadays addiction is becoming common among youth and even schools and universities are exposed to addiction dangerously. What makes young people tend toward addiction?

**Hossein Dezhakam:** Unfortunately doing drugs is accepted as cheap fun today. It is even cheaper than some sports and other healthy hobbies. Sometimes a young adult wants to keep up with the Joneses and to be accepted by his peers. You can even trace addiction's finger prints in gyms via doping. There are more reasons that can be discussed later. The international mafia which makes extreme profits from addiction must not be neglected as well.

**Omid Javan:** What kind of narcotics is more common among our youth?

**Hossein Dezhakam:** Heroin comes first and then psychoactive pills, opium and Shire (boiled opium) and even methadone is being misused. LSD and cocaine are expensive and less common in Iran. What we should be concerned about is the irreversible side effects of hash and LSD. We have many examples who used drugs once and hurt themselves. The center of thought and notion changed for them, and when the effects of drug vanished those senses didn't go back to normal. They are living in hospitals and asylums now. They will remain insane for the rest of their lives. I have received many letters from their families and I have faced too many cases and unfortunately there is no medical method to cure them, I don't intend to strike fear into your hearts but what I am doing is warning those young men who believe using drugs just once is harmless!

**Omid Javan:** How do families can observe and control their children? What are the signs of an early stage addiction?

**Hossein Dezhakam:** This is not right to make parents suspicious of their children. The best method is to educate our youth and give them insight. In order to do so families must be educated initially and they shouldn't interpret addiction based on stereotypes and wrong beliefs. Wrong reactions against addiction make it worse. To find out about our children's addiction is not enough we must learn what addiction really is.

**Omid Javan:** So, what you are saying is that one must learn about the true nature of addiction before he learns how to recognize addiction?

**Hossein Dezhakam:** Exactly; Let me describe a case here. Last week a young lady was referred to me. She was divorced recently because her husband was addicted and she was addicted as well. Her father wanted to rescue her based on wrong notions and beliefs so what he did was tie her to the bed. He did that so hard that the poor girl's wrists were harmed. This father must have thought that the only way to help his daughter is by forcing her out of addiction, she must become sober or she will die trying, her father thought perhaps. Many believe the same way; they use force to help their dear ones out of addiction.

**Omid Javan:** Mr. Dezhakam, you spoke about wrong beliefs of society toward addiction. Could you explain why?

**Hossein Dezhakam:** The prevailing idea is that an addicted person is a dirty and pathetic thief who is filled of vices! According to this belief one must avoid those who are addicted. We must abandon or exile them or even destroy (kill) them all. Society treats them like criminals.

Although the consequences of addiction may force those who are not financially gifted into criminal activities or neglecting health status,

this is not common among all people who are addicted. An addicted person is not a criminal. Wrong reactions of society are transforming them into criminals.

Fortunately, it is about two years now that the addiction related laws are being revised. A person who is addicted to drugs is not treated as a criminal if he is in a treatment program. Anyway, the stigmas of addiction remain the same.

What the “traveler” series is trying to achieve is to break some of these stereotypes. I said that the addicted person could be anyone; for instance, an engineer, a physician, industrialist or etc. How is it that society humiliates them all? Now abusing drugs is so prevalent among medical students that if we ignore this issue we will be confronted with addicted graduates!

**Omid Javan:** Back to phase one. Tell us what addiction is?

**Hossein Dezhakam:** I have experienced addiction with my bones and flesh for almost 17 years. I am well aware of mental status of an addict. I have seen it all from a subjective point of view. I tried to withdraw but I failed. I sought other’s help. I tried many treatment methods. When I was completely desperate, I heard a voice from within. I decided to be my own savior instead of asking for help.

Based on a scientific approach I started to analyze addiction. Not only I was able to cure myself but also, I was blessed with this chance to offer my years of study and experience to the world via a book. One who has not experienced addiction is incapable of truly realizing an addicted person’s mental status and feelings. His knowledge on addiction is not whole and is sometimes based on wrong beliefs. Some so-called experts didn’t study any addiction related credits during their university period! I don’t intend to deny others help and support. But still these methods are not giving us proper results.

In other words, these common methods of treating addiction are not offering a long-term solution and the result is increased number of



drug abusers. A person addicted to opium quits today and starts with heroin again. I do believe short-term treatments, acupuncture and other methods advertised are increasing the number of drug abusers! Because what they are putting on display is that addiction is easy to quit in the short term! And such beliefs decrease the fear of becoming an addict! These types of advertisements are the worst and must be stopped immediately.

I declare here and now that these advertisements (addiction is easy to quit!) are all false and their intentions are to make a quick buck! Addiction is an illness which is created by the ignorance of the addicted person. During addiction period vital systems of the body lose functionality. To achieve cure, we must take three aspects of body, psyche and world view into consideration.

Regarding physical effects, vast researches have been done and the symptoms of addiction are being discovered one by one. But what has been neglected in this section is the biochemical status of the addicted person's body (alteration of natural opioid within the body). Having neglected this issue caused our treatment programs to lack proper timing that body requires in order to regain balance.

For instance, the body requires about 10 months of treatment to gradually recover from an opium addiction. If we fail to support the body's vitals during treatment externally (the body needs medicine), then we may cause harms to the physical and mental status of the patient which are irrecoverable in most cases.

Do you think that it is possible to force a body which has been receiving narcotics for many years into a cold-turkey without having consequences?! Those who think that addiction can be cured in short period compulsorily (sudden withdrawal) must be informed that such a thing is impossible! Patients who have been treated by forcing them to stop addiction would take any chance to get their hand on narcotics. Such compulsory methods are a crime! And are created out of ignorance.

**Omid Javan:** Thus, what you are saying is that those who claim a short-term treatment are lying?

**Hossein Dezhakam:** Surely there are some honorable experts who educate the patient and their families honestly. They wouldn't give any false hopes. But on the other hand, there are those who claim a quick recovery just to make a quick buck! What they do is just replacing addiction to narcotics with addiction to pills and hand-made capsules! This second type of addiction is far more dangerous! I have done a great deal of research regarding this issue and my findings are presented in "hypothesis of addiction treatment" article and in my "Crossing the 60 degrees below zero zone" book.

**Omid Javan:** Mr. Dezhakam please inform us about the natural opioids of the body and also about the treatment methods.

**Hossein Dezhakam:** What has been presented in recent years were mostly about the consequences of drug use, and the consequences of a quick withdraw has been neglected! In fact, most addiction experts focus on how to achieve a quick recovery. I have called what is tangible after a withdrawal in the patient "The visible symptoms". For instance: if a heroin addict stops using heroin he will be confronted with: Diarrhea, sweating, frequent sneezing, severe pain, insomnia and etc. These symptoms are quite tangible by the patient and others around him. Most of these symptoms will wither away in a week or two even if no intervention is carried-out.

The diarrhea in this patient is not a bacterium causing disease or the severe pain is not romanticism nor is the insomnia caused by psychological disorders. These symptoms are simply the consequences of an endogenous hormones' imbalance. What actions does an addiction treatment expert take against it? He or she would prescribe medicines to suppress these symptoms and yet these medicines are suitable for other diseases and are not produced to suppress addiction

withdrawal symptoms! The truth is that in this period of one or two weeks of any type of medical and non-medical interventions will give us results! Acupuncturist claims his method worked and he is right! Hypnotherapy claims the same thing and even the one who whipped the patient in these two weeks also claims that his method cures the addict! Apparently, everyone's claim is right, but the truth is that the body reduced the symptoms in about 2 weeks.

What I mentioned is called "the visible symptoms" and most experts are quite familiar with it. This phase is wrongly entitled as detoxification. The detoxification term has off-target effects on experts, those who are addicted, and their families. Poisoning is a relative matter. For instance, 1 or 1.5 grams of opium have lethal effects on a healthy person. If a healthy person with no history of addiction ingests this amount of opium surely detoxification must take place. But this is not the scenario in case of the person addicted to opium. Such a person will tend toward balance with ingestion of opium! Symptoms and all the troubles of a person addicted to narcotics in the withdrawal stage are created by the lack of narcotics within the body, and in this case, detoxification doesn't sound rational!

Until now, we have discussed the visible symptoms of addiction and we have not spoken about the psyche and world view. The visible symptoms are less than 5% of addiction treatment and 95% of addiction treatment is about invisible symptoms which have been neglected in today's methods. This stage is not tangible by the addiction treatment expert and that's why we call it "invisible symptoms".

Invisible symptoms are connected to the opioid like peptides of the body as well. Opioid like peptides are natural opioids of the body which are being produced by the brain and CNS mostly. Anti-pain system, sleeping, courage, fear, aggression, and all psychological reactions are under effects of this opioid like peptides. Exhilaration caused by exercise falls into this category as well.

By 1997 more than 12 opioid-like peptides were known and the most important ones are Beta endorphin, Meta enkephalin, and dynorphin. Since ingesting any type of narcotics creates a situation in which the body is needless of natural opioids, thus the natural opioid production centers become inactive. Gradually these centers decline.

When an addicted person withdraws, the need to opioid is not being fulfilled externally anymore, internal organs are not functioning as well due to the damage caused by prolonged addiction, thus the symptoms of withdrawal appear. Symptoms of opium withdrawal include depression, crying, fatigue, unwillingness to continue living, increased sexual desire and impotence simultaneously, insomnia, muscle twitch, and muscle spasm.

The great mistake regarding this issue is that symptoms are considered as psychological and experts assume that physical symptoms were confined to that very first two weeks! This assumption is completely wrong and all of these symptoms are rooted in body not psyche. In this situation the internal organs are not producing any opioid like peptides and narcotics are not being ingested and therefore depression emerges. If this depression was rooted in the psyche, a few months are required to perform any type of effective interventions yet still if the patient uses a small amount of narcotics all of the depression symptoms disappear! How is it that an individual who is now aggressive (after withdrawal) will become so calm with small piece of opium? Is opium affecting his psyche or body?!

Before the discussion on treatment we shall categorize different categories of people who are addicted. Such people fall into three groups.

The first group are those who are using narcotics leisurely. We tagged them as candidates of addiction. These people believe using narcotics seldom and leisurely is safe and they will never be addicted. They are not aware that all the hardcore addicts started taking drugs leisurely at the beginning. Basically no one decides to become a hardcore addict deliberately!

Addiction candidates will transform into hardcore addicts gradually and this process is inevitable. Using narcotics leisurely is the entrance of addiction. Addiction candidates don't realize what is happening to them not until they are hardcore addicts. The best intervention regarding this group is prevention. If we justify them scientifically and rationally that they are future's addicts, then they will be more conscious about what they are doing. Transferring knowledge on addiction through public media is an effective method regarding this issue.

The second group includes people that like addiction! They think addiction is beneficial for them or they are fully drawn in addiction. This group must be curbed. All the prevention methods of last 20 years are deemed to failure. We must show tolerance to this group and gradually set the proper situation in which we can transfer appropriate knowledge about addiction to them. If we imprison this group like we did before, if we whip them like we did before, if we exile them like we did before, they will not withdraw from addiction and they will be more eager instead.

If they are imprisoned, they will easily share one syringe to inject narcotics and hepatitis and aids are what follows! If you don't sell them syringes, they will salvage second hand syringes at hospital trashes. Then an ordinary drug user will be transformed into an addicted aids carrier. Which one is better? A simple drug user or an addicted aids carrier? Laws regarding this issue must be revised. Dignitaries must choose between bad and worse. How many of this type of drug users have you saved by using force?

The third group is made up of those who are searching for treatment and they are willing to stop addiction. Those who fall into this category have tried to stop addiction for several times mostly, but they have achieved nothing. We must have proper methods for them and stop using improper and ineffective methods will surely result in failure.

**Omid Javan:** Mr. Dezhakam we always lack the proper method. What do you suggest regarding this issue?

**Hossein Dezhakam:** Addiction has been accepted as a social reality within most advanced countries. They are trying to control the drug user's needs through prescription and pharmacies rather than letting it be in the hands of smugglers and drug dealers. If we govern the distribution of drugs officially, we will reduce social anomalies. These small-time smugglers are selling drugs around schools and universities to make a quick buck and this is increasing the prevalence of addiction.

Let me be crystal clear about this: We must emulate what has been done in some countries and categorize narcotics:

1. Heavy narcotics (opium, shire, heroin, cocaine and etc.)
2. Dangerous synthetic narcotics like LSD
3. Light narcotics (Hash, marijuana, etc.)

We must show courage and take control of narcotics distribution and combine proper related education with it in order to achieve results. If we do that, we could control everything regarding this issue and motivate drug users to get over addiction, and in doing that we will eliminate smugglers.

A mistaken social stereotype is that drug users lack will power and determination and that's why they remain addicted! This immoral thinking is based on ignorance. Drug users have the will power and honor just like other people. Although, addiction weakens some human attributes, this doesn't mean honesty and integrity are completely vanished in drug users. Perhaps addiction expenses force some drug users into illegal deeds, but what applies to one doesn't apply to all.

Quitting addiction is not about the will power, the symptoms that a wrong method forces on body are so severe that even a healthy human being is incapable of tolerating them! Having said that, lets describe addiction treatment methods.

1. Treatment without medicine (cold-turkey)
2. Medically managed withdrawal (semi-withdraw)
3. Classic quitting or tapering.

The visible symptoms of the first approach which lasts one to two weeks are severe but not impossible to bear. The disadvantage of this approach is a destructive shock that impacts the body and psyche.

The natural opioid producer organs of the body require at least 10 months to recover. After the first two weeks, problems like insomnia, depression, crying, forgetfulness, and lack of motivation exist in patients. The destructive biological shock is so intense that some natural opioid producer centers of the body may never function again. Arthur Guyton calls attention to this issue and we also have come to this conclusion out of experience. Those who go on a cold-turkey are not balanced well and they are struggling with tic and diseases.

2. Another approach is called “semi-withdraw”. A medicine is used to manage the acute narcotics withdrawal for a week. This approach is common globally. This approach resembles the cold-turkey method because even in this type of intervention the 10 months’ period which body needs to gain balance has been neglected. To put the issue into perspective let me give you an example: the first method (cold-turkey) is like we are asking a patient to jump from a tenth floor of a building and in “semi-withdraw” approach the patient is requested to jump from the eighth floor!

3. This approach is called “classical approach” and is consisted of gradual tapering. In this approach each day a small portion of the medicine is deducted until it reaches zero amount of usage. Opium solution ingested every day and the solution is being rarefied gradually. The longer period of tapering results in better outcome however this is still far from certain cure! The “classical method” could be utilized for heroin as well. The patient must endure 48 hours without heroin and then the opium solution could be used to manage the acute stage.

Each of these methods comes with advantages and disadvantages. For instance, the cold-turkey might work for an individual who has been using narcotics for a short period. However, the cold-turkey is not suggested for those with a severe addiction and it might even have destructive effects. Meanwhile, withdraw is not suitable for employed patients as well. Or in “semi-withdraw” although medicine helps to alleviate visible symptoms, sometimes these medicines are even more addictive and more dangerous than narcotics. The best evidence to support my claim is heroin. Heroin was produced as a medicine to cure opiate addictions, however later it proved to be more addictive.

Other psychoactive pills which are being used without prescription are another example. I would like to take this opportunity to warn all drug users, families, and dignitaries that using un-prescribed and illegal medicines will result in a situation which is worse than narcotics addiction. All the treatment approaches share this error of neglecting proper time which is needed for body to restore itself. And that’s why these methods are not successful. I tried these methods several times but achieved nothing.

What I have invented and shared it with my readers at “Crossing the 60 degrees below zero zone” is a contemporary and unique method of treatment. This method has been welcomed warmly in Iran and other countries as well. Foreign researchers attend our group therapy sessions to learn more about it. This method is consisted of a gradual tapering of OT (opium tincture) during 10 to 12 months.

**Omid Javan:** Mr. Dezhakam please describe your method of treatment fully.

**Hossein Dezhakam:** As I mentioned before this method is the result of years of study and research on common addiction treatment methods and their effects on addicted people. I was a hardcore addict for 17



years and during this time I tried many different approaches to overcome addiction.

Before I start to explain my method, I shall mention that by medicine I mean standard medicines which are specially made to treat addiction. Other medicines that are being used in this field such as anti-depressions, anti-diarrheas or blood pressure pills are not suitable to attain addiction treatment! These types of medications are made for other purposes and shall not be used to overcome addiction. Nowadays we are confronted with drug users who sometimes take 200 pills daily! This type of addiction is far more severe than narcotics addiction. Drug users of this type (addicted severely to psychoactive and other pills) lose their understanding of time and space and their reactions cannot be anticipated.

We have some examples of this type of drug users in our community. They lose their understanding of moralities and even sometimes they mistake living room for restroom! Sometimes they appear in public places with no clothes. Their status is so scary that even heroin users avoid them!

Addiction treatment is not confined to what was mentioned in this section and today new talents emerge in this field! They perform detoxification on an unconscious patient to achieve cure! Some are seeking the cure to addiction through brain surgery! All in all, the poor drug users are the experimental mice, such a shame!

Another wrong belief is that common folks believe addicted drug users do drugs to get high! Perhaps this belief applies to the onset stage of addiction but the situation changes gradually. Those with severe addictions use narcotics to be normal like other people! True education and knowledge regarding addiction and addicts will erase wrong attitudes and stereotypes.

I suggest long-term treatment regarding this issue. This type of treatment will result in certain cure. If the patient is addicted to psychoactive pills and narcotics simultaneously, we must replace narcotics with opium initially, and then the doses of opium should allow

the patient to feel normal and capable of doing his daily chores. After determination of daily doses, the first step is to deduct the taken dose by 20% and the new dose is applied for 3 weeks. For instance, if the average of drug use is about 5 grams, we first deduct it to 4 grams for 3 weeks. And after 3 weeks 20% is deducted again. In 10 months, the patient will reach no usage point and meanwhile he has time to change his world-view. What we are trying to achieve in this 10 months' process of tapering is to regain balance to endogenous hormones of the body.

The initial decrement is endurable for all patients and it has amazing effects. Take opium addiction for instance. In this case, the initial decrement will lead to better conditions and therefore his skin color gets brighter, furthermore he can think clearly and he gains self-confidence. He who performs the initial decrement will experience that he is capable of reducing drugs without negative effects and this experience creates a situation in which he starts believing that addiction treatment is possible.

The significant point in this method is that during addiction treatment process, the ego (of the patient) is controlled and step by step our patient learns to look at the drugs as a remedy, and even though he is free to use as much as he desires, he will maintain the prescribed doses.

The below is how we determine the doses:

Initial use \* 0.8 = the proper dose for 21 days

Example: 4 grams \* 0.8 = 3.2 grams

Next step after 21 days would be: 3.2 \* 0.8 = 2.5

(This was how Congress 60 started the treatment. Now the OT or opium tincture is used as the prime medicine of treatment with tremendous results are achieved.)

**Omid Javan:** Master Dezhakam, thank you for this interview. Any final words?

**Hossein Dezhakam:** Thank you. The blossoms of hope have appeared and soon we will harvest the fruits.

(Interviewer: Masoud ZafarNejad)

# 3

## In Opposition to Detoxification

### Hossein Dezhakam

Drug users are not bitten by a snake!

Come, let's scatter flowers and pour wine into goblets  
Let's rip the ceiling of the heavens and throw in a new design  
If sorrow raises an army that sheds the blood of lovers  
I and the butler will build each other and overthrow its foundation

Forgive the war of the 72 nations!  
They are walking the myth for they didn't see the truth!

I am an electronic engineer. I would like to share my findings regarding addiction treatment with you. I love physicians and psychiatrists, I love humans, I love science, I have been told that I am an engineer and I shouldn't interfere in medical science.

My answer was that I am the addiction itself! I am the narcotics! I am the crime! I am the illness! I am the pain and the cure combined! I have been a hardcore addict for 17 years and it is now about 5 years that I have been revived of it (today it is more than 20 years that Mr. Dezhakam is free of addiction-translator). The science which is gained through experience is irrefutable! I wish I was a physician so maybe you could have accepted me with ease! But I am not.

Being poisonous is a relative matter. Narcotics are poison for a person with no history of drugs indeed, but in case of a hardcore addict the case is different. Addiction is not chronic poisoning--whoever provided this definition was not familiar with the concept of poison!

Addiction is chronic substitution. The external opioid replaces the internal natural opioid like: Endorphins, Dynorphins, etc.

Defining addiction as chronic poisoning has misled the whole world toward detoxification, because one who has poison within his body must be detoxified. If we want to detox the drug user, we don't need to perform UROD or other methods. We can simply give him some lemon continuously and all the narcotics will be extracted immediately! However, in our definition, the external opioid is the replacement and it must not be stopped suddenly! We can stop the replacement of course, but that is only possible when the opioid-like producing systems of the body are back to normal. Today lack of willpower is a stigma that is marked on those addicted to drugs! But is it lack of willpower or wrong treatment methods?!

For instance, a city which has been bombarded for like 10 years is being cleansed of bomb fragments in hope that the city's establishments will recover! If the addicted drug user stops taking drugs for 3 days, then the body tends to remove the remaining of narcotics itself, but when we are forcing the body to remove remaining of narcotics (so called detoxification!) it is like creating a magnitude 8 earthquake within the body!

I would like to share 14 principles on addiction treatment with you all.

First principle: narcotics. A substance is categorized as narcotics if it unbalances the body. Such a substance can cross through the blood-barrier of the brain and be replaced instead of natural opioid of brain. The result will be malfunction of the X system. Narcotics like heroin, hash, opium and etc. other substances like alcohols, psychoactive pills and other unprescribed medications are considered as narcotics.

Second principle: who is an addict? One who uses narcotics at least for 10 months (same amount of time which is needed for addiction treatment) continuously is considered an addict. Withdrawal in such person will lead to tangible symptoms. From this point of view,

an addicted drug user is a person who is confronted with malfunctions in 3 aspects of body, psyche and worldview.

Third principle: replacement. Addiction is not chronic poisoning and, it is rather some sort of chronic substitution. External narcotics replace the internal natural opioids of the body. The third principle is about this fact that, being poisonous is a relative concept. Narcotics can be medicine for a person and at the same time quite dangerous for another individual.

If an external substance is replaced instead of natural opioids of the body then in this case that very external substance cannot be considered as poison. In this case, not using that external substance tends body toward lack of balance.

Fourth principle: psyche. The addicted person is ill indeed but he/she is not psychologically ill intrinsically. A drunken person makes irrational moves but is he mentally ill? Or is it just that he is intoxicated?

Fifth principle: Time. Addiction treatment requires at least 10 months of medical interventions and just like pregnancy no one is capable of decreasing the period of this process by force. The 10 months' period is proved via years of experience

Sixth principle: The best medicine. The best medicine to achieve certain cure is OT. OT stands for opium tincture.

Seventh principle: physical symptoms. The invisible symptoms of addiction have been neglected for a long time. "The pivotal sign of addiction treatment completions is disappearing of invisible symptoms" When the external usage is discontinued or suddenly stopped, there are reactions or symptoms which could be divided into two categories:

- a) Visible symptoms
- b) Invisible symptoms

A) Visible symptoms:

After withdrawal certain physical reactions appear in the body depending on the kind of narcotics, frequency of usage and the amount used in each intake. These symptoms are:

- Frequent sneezing
- Insomnia
- Runny nose
- Bone ache, wrist, and muscle ache
- Excessive sweating
- Frequent yawning
- Diarrhea

If no medication is used to treat these symptoms, the immune system of the body naturally heals itself and moves towards balance within two weeks, but some of the symptoms will persist. These invisible symptoms include:

- 1) Depression
- 2) Hopelessness
- 3) Isolation
- 4) Indifference or lack of motivation in life
- 5) Impatience or lack of tolerance
- 6) Excessive exhaustion
- 7) Insomnia
- 8) Laziness
- 9) Forgetfulness
- 10) Abnormal crying
- 11) Awakening of sexual desires
- 12) Premature ejaculation

Some types of narcotics are only associated with invisible symptoms and that's why it is believed hash is not addictive!

Eighth principle: Detoxification. Sudden withdrawal and detoxification creates a destructive shock and, fixing this type of destruction is difficult and even impossible in some cases.

Ninth principle: psychoactive pills. Only standard addiction treatment medicine must be used. Utilizing psychoactive pills, anti-depressions, sleeping pills, etc. only delays the treatment process. The disadvantages of this type of medicines in addiction treatment process are far worse than narcotics!

Tenth principle: categorizing drug abusers. Persons addicted to drugs fall into three categories:

1. Candidate for substance abuse: These are people who use narcotics leisurely, and are confident that they will not get addicted to it. They are addicts of future.
2. Those who are happy with what they are doing
3. Those who are seeking treatment and recovery

Eleventh principle: treatment approaches.

- a. Cold-turkey
- b. Detoxification
- c. Classic treatment (gradual tapering)
- d. The DST method which I invented and it is fully explained in "Crossing the 60 degrees below zero zone." In this approach, the narcotics are replaced by a standard medicine, and the medicine tapering takes about 10 months. Addiction is not a behavioral disorder to be quitted! Addiction is an illness that requires medical interventions.

Twelfth principle: equilibrium. Addiction treatment is one step ahead of cold-turkey and in turn equilibrium is one step ahead of treatment. The reason for relapse after treatment completion is rooted in physical imbalance (natural opioid of body is not functioning properly). Alongside physical treatment, we must focus on worldview of the addicted person.



Thirteenth principle: awareness. The most important principle in prevention, curb and addiction treatment is awareness. The one who tends to treat addiction must be familiar with addiction himself. He must be fully aware of true nature of addiction. Addiction starts with attraction and joy and leads to misery!

The fourteenth principle: expertise. No psychologist, psychiatrist or physician can perform addiction treatment unless he/she is familiar with addiction and treatment approaches.

# 4

## Proper Methods of Addiction Treatment

### Hossein Dezhakam

I appreciate the monthly publication “companion” that brought about the needed criteria for opinions and views on narcotics addiction. Reading a great article named “What is cure?” in the 13th issue of the companion journal which describes the ideas of the UN office of fight against Narcotics and Crime, made me really happy. I studied it very carefully and it caused me to write my own view on curing addiction which I had put to test in Congress 60 and have received successful results. I believe to cure any kind of illness, first the illness has to be diagnosed and then proper treatments can begin. Of course, in this article only the physical aspects of narcotics addiction are discussed. Now we take a look at some diagnosis of experts in this field.

- a) Drug Addiction is chronic poisoning
- b) It is dependency on Medication or Narcotics

A) Drug addiction or Narcotics addiction is chronic poisoning: Currently, there are 185 million addicts worldwide, according to a UN statistical report. If this view that addiction is chronic poisoning is a false view, which we say it is; then millions of addicted individuals and thousands of doctors and experts are misled. Therefore, who is responsible for this scientific mistake?

Narcotics addiction is not chronic poisoning. Why?

If the cause is poisoning then we are talking about a poison, therefore we recommend detoxification. It has to be said that narcotics are not poisons at all. For example, Diacetylmorphine is the medical name for heroin; from one kilogram of morphine, 900 grams of heroin is made. Every day in the medical field morphine is used by doctors as a beneficial substance. Opium contains morphine, codeine, papaverine and other substances, which are very useful in medicine. In marijuana and hashish, there is a substance called THC which has been a very popular medication for a longtime. We do accept that overdose of any of these substances could lead to poisoning or even death. (Also, psychedelic pills; painkillers, sleeping pills etc.). Poisoning is a relative matter and the following definition can define it: Any external substance (in the form of gas, liquid and solid) entering the body and causing an imbalance in the body or even death, can be defined as poison. Therefore, when someone is bitten by a snake and is taken to a hospital, the first step is to extract the poison out of the body since snake's poison is deadly and has to be quickly extracted from the blood flow. This is called detoxification. If a person, who is not an opium addict, consumes more than 1 gram of opium, he might die since it has a deadly effect on him and the poison has to be immediately extracted out of his body. I am deeply surprised by this scientific mistake and the fact that how experts in the medical field don't pay attention to this important fact.

Now I present some questions to furthermore clarify this misunderstanding. First question: let's assume a patient has been injecting morphine (8 units) in the hospital for 2 years under medical supervision. Now the doctor in charge wants to discontinue the injections. What does the doctor do?

- A) Does the doctor perform detoxification?
- B) Does the doctor taper the morphine?

Second question: let's imagine a person who has been using all kinds of antidepressants, sleeping pills and other relaxants for 10 years. To stop his usage of these medicines due to an emergency situation, what should be done?

- A) Detoxification
- B) Tapering off the medication

Most probably you would answer that tapering the drug is the best solution. Because if detoxification takes place and the remainder of the drug is taken out of the patient's system, it could damage the health or even cause death.

Third Question: A person has been using Heroin and opium for 20 years. Now we want to discontinue his usage. What should be done?

- a) Detoxification
- b) Tapering off the narcotics

Surely you would say that opium and heroin are different from medication drugs and are considered as Narcotics. They are poisons and detoxification should be done. Also, some medications must be prescribed so that after detoxification these drugs block the intake of heroin and opium in the body if the addicted person relapses. The experts insist that they have performed this method on mice and it was successful. Poor mice!! It is necessary to mention at this point that our argument is a scientific discussion and is different from the society's point of view or even the legal view. The discussion is about the human's physiology.

Finally, my last question is this: isn't it true that heroin is the commercial name for diacetylmorphine? And opium is the commercial name for drugs such as morphine, codeine, narcotine, narceine and papaverine? And opium is a powerful compound in all kinds of

antidepressants and relaxants? Therefore, we are not just dealing with narcotics popular names and titles. If enough attention was given to their medicinal names, the problem would have been solved much easier and a proper treatment would have been administered.

Now another example is given to show that narcotics are not poisons. A person who is not a drug user will die if he consumes more than 1 gram of opium. Now another person who is addicted to opium and is consuming 10 grams of opium daily, after eating that much opium only becomes normal and gains natural balance. If he doesn't eat that amount he will be imbalanced, and there is a chance of death for him, therefore what kind of a poison is this--a deadly substance for one and a life giving substance for another?

If in the medical field morphine, diacetylmorphine, narcotine, narceine and papaverine are considered as poisons, then we can say that heroin and opium are also poisons, and all these poisons should be banned from the medical field. Because medications like cough medicine (syrup) and pills that contain codeine or morphine and opium products are poisons that we humans consume knowingly.

"Knowledge that is gained through experience is a perfect proof."

Everyone says and we say it too that there are many ways to cure addiction but the correct and right method is only one, and in order to reach that objective three important factors are necessary:

- a) Starting point
- b) Destination
- c) Objective or aim

In order to treat any disease, the above mentioned factors should be taken into consideration. For example, a cancer patient: Starting point is diagnosis of the kind of cancer and its advancement, destination is chemotherapy or surgery, and the objective is to cure the

cancer. Maybe one would say that for a journey or an illness, the starting point or origin is not important and only destination matters. We would reply that if you are in an area on planet earth and have a map, compass and the necessary equipment, but you don't know where you are, how can you arrive at your destination? To cure an illness, how can we treat it, if we don't know what the illness is? Therefore, to cure any disease, we have to diagnose it first and determine at which stage the patient is and exactly which parts of the body are affected.

Now we ask this question: How has the addicted person's body or physiology been affected? We don't want to discuss the psychological aspects of it yet which are also very important. Now we will study the original point "beginning, destination and objective" of all available methods of treatments currently existing.

### **A Look at Physiological Methods of Treatment of Addiction.**

Starting point or diagnosis: the existence of some poison or Narcotic in the body

Destination: the extraction of the poison using different methods

Objective: Negative result from the urine test proving that the poison has been extracted.

Now I ask for a reasonable reply. Isn't it true that medical science is based on experience and results? If constantly this method is failing, why is it still accepted as the only method? In my opinion the method of detoxification is based on false ideas and has failed completely. I think they would answer that narcotics addiction has no cure.

Narcotics addiction is chronic substitution. This means external narcotic substances, whether natural or chemical, even alcohol have been substituted in the place of internal narcotic like substances of the body. For example, narcotics like opium and heroin have substituted natural substances of the body like dynorphin which is 200 times more

powerful than morphine, or endorphin or enkephalin (70 times more powerful). In general, all the systems producing natural narcotics in the body which can also be called the biochemical opiate system have been damaged after years of using external exposure to narcotics or drugs. Therefore, for successful treatment these natural systems in the body must be repaired and re-started. Experience has shown that to rebuild these systems successfully, approximately 11 months is needed. Of course, with a correct method of treatment, as 95% of relapses and imbalances of addicts after detoxification is due to failures to rebuild these natural narcotics like producing systems of the body. Thus the treatment process in our opinion is:

- a) Original point or diagnosis: determine the damage done on these natural systems
- b) Destination: rebuilding and rehabilitating the systems in 11 months
- c) Objective: eliminating the psychological and mental problems and reaching optimum balance and avoiding relapse and cravings.

### **Congress 60 other viewpoints**

Diagnosis of the Illness: When a person uses any kind of narcotics or medicinal drugs on a daily basis (heroin, opium, marijuana, hashish, antidepressants, pain killers, alcohol, cocaine, crystal meth, etc.) and these substances disturb the natural balance of the body, that person has damaged the natural narcotic like producing system of the body (opiate like system of the body).

The Treatment Process (Destination): The human body has a system that repairs itself as long as the right conditions are available, of course until death. Therefore, the best method is the tapering off or gradual reduction of the narcotics. This is done in stages of 21 days and the used narcotics are tapered off gradually; and sometimes narcotics

from the same family can substitute each other. For example, for heroin use, opium can act as a substitution. After complete withdrawal from heroin for 3 days, half a gram or one gram of opium in two daily intakes could be consumed. For other narcotics, the substitution method is as follows: opium with opium; alcohol with alcohol; hashish with hashish; cocaine with cocaine; all kinds of pills with opium and heroin with opium. Opium can be used as a substitution for crack and crystal meth too.

The duration of the treatment process for all addicts is the same 11 months. Whether one has been using narcotics for 20 years or 3 years, or half a gram or 20 grams daily, just like cultivation of wheat. If you sow little or a lot, the time of the harvest is the same, or the birth of an infant, it doesn't matter if he is white or black, fat or thin, Asian or European, it requires nine months for the birth process.

Objective: Nothing else in this world can substitute narcotics for an addict. Not money, power, spouse, religion, or even God for that matter can be a substitution. The only substitution is the natural opiate like substances of his own body. Because with rebuilding these narcotic producing systems of the body, the addicted drug user can enjoy his own body's natural, healthy, cost-free narcotics and most of his problems that we think are mental and psychological will disappear.

Substituting the Drug: Since the entire range of narcotic like substances that the human body produces have not been discovered, the consumption of that narcotic itself in the gradual tapering method could be the least harmful substitution. Calculated reduction will give the natural systems of the body the chance to rebuild themselves. Of course, if in certain conditions, the society and law don't permit this substitution then the use of a standard medicine like methadone is recommended.

If methadone is substituted for opium or heroin, the first step is to determine the use of methadone according to the narcotic use and the frequency of usage during the day. It needs to be mentioned that it takes about one month for the natural systems of the body to accept



the substitution. After that, tapering process in periods of 21 days should begin, so that in each stage the body produces the decreased dosage naturally. Consuming any other medications like sleeping pills, antidepressants and relaxants must be avoided since they prevent the rebuilding process of the body's narcotic like system and a new addiction to these medications might take place.

Addiction is dependency on medication: Some have this view that addiction is drug dependency. If this is true, then again it must be determined why the person must use this medication and which part of the body benefits from this drug. The scientific method of eliminating this addiction and its treatment protocol must be discovered. In my view, there are 3 main factors involved in successful Treatment method.

- a) Body
- b) Psyche (mind)
- c) Spiritual or philosophical outlook on life: (all that we perceive, feel, understand and receive from the whole Universe)

When a person uses any kind of narcotics or medications on a daily basis for more than 3 years, he or she has damaged the biochemical opiate production system which produces narcotic-like substances naturally in the body. External narcotics have replaced internal narcotics of the body; as a result of this, when the external usage is discontinued or suddenly stopped, there would be reactions or symptoms which could be divided into two categories:

- a) Visible symptoms
- b) Invisible symptoms

A) Visible Symptoms: In the case of lack of narcotics in the body (opiate family) sudden withdrawal, certain physical reactions appear in

the body depending on the kind of narcotics, frequency of usage and the amount used in each intake. These symptoms are:

- Frequent sneezing
- Insomnia
- Runny nose
- Bone ache, wrist, and muscle ache
- Excessive sweating
- Frequent yawning
- Diarrhea

If no medication is used to treat these symptoms, the immune system of the body naturally heals itself and move towards balance within two weeks, but some of them still continue.

Treatment for Visible Symptoms: There are many methods of treating the visible reactions of withdrawal that are, in fact harmful to the body as they impact a shock on the narcotic producing system in the body and this damage could be permanent. In other words, external narcotics that have replaced the internal one's act as a pillar in the balance of the addicted person. Sudden withdrawal means the pillar support is removed, and the collapse of the system follows. We should repair the system slowly and gradually so that an internal pillar is ready to replace the external one. A few methods are as follows:

- 1) Using medication under a doctor's supervision for a period of one or two weeks
- 2) Using acupuncture along with medication
- 3) Decreasing the narcotics consumption in one or two weeks
- 4) Violent method like confinement by force, physical punishment or chaining one to a bed
- 5) Detoxification which is very harmful

- 6) Cold turkey or sudden withdrawal
- 7) Sports treatment, Music therapy, Magic therapy, Spirit therapy...

Apparently, all the above mentioned methods are effective to treat the physical symptoms, because if a urine test is conducted, the result would be negative. This means no trace of narcotics can be found in the addict's urine, leading to a false assumption that the physical treatment or healing process has been accomplished, and the addict's other major issues such as psychological, mental, and behavioral problems must be tackled. For example, since the person doesn't have diarrhea any more, it means he has been cured and he no longer has any other physical problems!!? I'm surprised by this much misunderstanding and misconception of the experts in this field.

B) Invisible symptoms: This phase or stage is the most sensitive and crucial part of the healing process and has been constantly ignored by the specialists and experts. They have not been paying attention to this important factor and don't know how long this process takes. Of course, the reactions or symptoms in this phase also existed in the first stage but less attention was given to them. For example, someone who is having diarrhea and stomach pain, and is constantly going to the bathroom, doesn't notice his depression. These invisible symptoms include:

- 1) Depression
- 2) Hopelessness
- 3) Isolation
- 4) Indifference or lack of motivation in life
- 5) Impatience or lack of tolerance
- 6) Excessive Exhaustion
- 7) Insomnia
- 8) Laziness

- 9) Forgetfulness
- 10) Abnormal crying
- 11) Awakening of sexual desires
- 12) Premature ejaculation

An Important Point: The above mention symptoms do not have psychological roots in the early stages: whereas the majority of the specialists diagnose these problems as psychological and attempt to treat them by talk therapy or using group therapy. However, these disorders are caused by the deterioration of the body's anti-pain system and opiate like production system's lack of producing the vital substances needed for proper functioning of the body.

The treatment should be done in a way that all these systems gradually restart their production and all those sleeping, antidepressants pills that are supposed to help the patient, only damage these morphine-like system deeper and deeper. In other words, by pouring water into a dry spring, you can't get the spring to start flowing again, and a proper solution must be found. These days we come across many narcotic addicted patients consuming all kinds of pills along with their own drugs because they had attempted to quit their addiction by these drugs and relapsed back into addiction with more substance abuse. Some of them consume up to 400 pills a day, which is very hard to imagine. According to our experience, to repair and rebuild this opiate like system of the body and to achieve 90% of a successful recovery, we must follow a proper guideline for a period of 11 months. Having a balanced physiology, a balanced mentality is achieved also and only leaves the spiritual outlook on life which must be revived by attending group therapy classes every week. It needs to be mentioned that if this spiritual view is not recreated, then relapse back into addiction is almost certain.

Treatment or Curing the Invisible Symptoms: Treatment at this stage is using one method but with two kinds of substitution:

- a) Substitution using a standard medication
- b) Using the narcotic itself

Using the Narcotic Itself: For this method, first the daily dosage and number of daily intakes must be determined within a week. There is no need to reduce the initial amount in the beginning because it will imbalance the person and causes more problems at the start of the journey. This gradual tapering will do the reduction very quickly anyways. Tapering stages must be every 21 days or every 3 weeks. In the first week, a little discomfort is felt, in the second week conditions become normal, and in the third week once again intoxication happens, and the person is ready for the next tapering.

In the duration of the journey, problems like lack of sleep, agitation and depression can appear, but we must remember that these are very minor problems and patience is needed. The body can make up for the narcotic reduction very quickly and even some health condition such as hepatitis, indigestion, chronic depression and irregular heartbeat of some patients are cured after 11 months journey. The use of medications such as sleeping pills, anti-depressants and relaxants can prevent a successful recovery.

Reduction Amount: Overall the reduction or tapering at each stage must be 20% of the total amount used at that stage, and if the number of daily intakes is more than one, then it's recommended that within 5 1/2 months only one intake per day be consumed.

Attention: outside of legal issues, I have experienced this knowledge that there isn't any drug or narcotic as powerful, beneficial, complete, safe and healing as opium in the world. Since it is a compound of 25 useful Alkaloids, it is the best replacement for heroin, crack cocaine, cocaine, crystal meth and other pills. God hasn't created a better drug than opium and if he has, I am not aware of any.

# 5

## **The DST Method**

The X System: Production system or entity of natural opioid substances within the human body.

Anti X: addictive drugs or narcotics. All addictive drugs and narcotics that disturb or alter the natural balance of the human body are considered anti x or destroyer of the x system.

First Viewpoint on Treatment of Addiction: The same drug that was the source of addiction could be the remedy for treating that very addiction itself.

For example:

- Alcohol for treating addiction to alcohol
- Opium for treating addiction to opium
- Hashish or cannabis for treating addiction to THC

The Second Recommendation: The most effective and healthiest drug for treating any type addiction is opium or opium tincture.

Why and how? Opium contains a combination of powerful alkaloids that can be used as pain killers, relaxants, antidepressants and etc. These can help to alleviate withdrawal symptoms.

### **The Compatibility Phenomenon**

The compatibility phenomenon is the duration and process in which one kind of narcotic substance or drug can replace another.

During this period the body's metabolism and physiology prepare itself to receive the new drug.

## **The Circumstances and Duration of Compatibility Phenomenon**

One accepted scientific fact in the culture of drug use is: When the type of the drug is changed, it does not have its effect immediately, even if the method of drug use is changed. It takes time for the body to adjust itself, for example smoking opium being changed to eating.

## **Necessary Time Period for Compatibility**

The necessary time to create compatibility is at least 20 days, for up to 2 months. It should not be imagined that the addict is in bad conditions during this period. It is completely within his limits and endurance.

In order for the compatibility to be useful there is no need for high dosages of the substituting drug. It should be increased step by step and gradually.

## **DST Method**

It is a method of gradual treatment or tapering the drug use.

D = Dezhakam: Coefficient 0.8 to determine the amount that needs to be tapered in every step.

S = Step: The duration of time in every step which is 21 days

T = Time: The period of treatment: at least 11 months

## **The Protocol of Opium Tincture Using the DST Method**

Each cc of opium tincture is equal to 100 mg of opium. One gram of opium equals to 10 cc opium tincture. Since opium tincture is highly

concentrated and is stronger than other opium available in the market, we use the coefficient of 9 to determine the amount of opium to opium tincture.

Example:

Q: A person uses one gram of opium daily. To transfer this amount to opium tincture, what should we do?

A: His usage of opium tincture equals 9 cc.

Start of the tapering process using the DST method

$$9\text{cc} * 0.8 = 7.2\text{cc}$$

To begin when using 9 cc of opium tincture

After 21 days we do our first tapering. For reduction we use the coefficient 0.8; the amount of current usage multiplied by 0.8 equals the amount for the next step.

$$\text{The new step: } 9 \text{ cc} * 0.8 = 7.2 \text{ cc}$$

The Next Step

The used amount at this stage is 7.2 cc of opium tincture

The next step:

$$7.2 * 0.8 = 5.76\text{cc}$$

We round it up to 6cc.

Therefore, the next dosage would be 6 cc of opium tincture for the next 21 days and we continue the process exactly like we mentioned.

The number of daily doses



It is recommended that our patient use his medicine three times a day, regardless of how many times he used to take drugs before.

For tapering, we can reduce each dosage simultaneously and after a while eliminate one of the dosages, making it just two times per day and in the end, just once a day.

### **The Reduction of Daily Dosages**

To reduce the amount used in each daily dosage, we have to multiply the whole amount of every dose by 0.8 and then divide that amount between all the daily takings or just multiply each taking separately by 0.8 and subtract that amount. To eliminate one of the daily doses, issues such as marital situation or problems and working hours have to be taken into consideration.

### **Conversion of Crack or Crystal Meth Usage to Opium Tincture**

For conversion of crack or crystal meth usage to opium tincture, first the use of crack or crystal has to be completely stopped, and immediately after that opium tincture must be started. For the first 3 days, 3 cc for 3 doses per day that is 1 cc per takings, of opium tincture.

After the first 3 days have passed; the amount used must be doubled, that means 6 cc for each day, 2 cc per dose. Then in stages of 21 days or periods of 21 days, the usage must be increased up to 9cc per day, an increase of 3cc for each dosage.

To increase the daily dosage in 21 days period, we divide the current dosage by 0.8 as shown below. The current dosage at this period is 6cc.

$$6\text{cc} / 0.8 = 7.5\text{cc}$$

Amount used for the next period is 7.5cc.

For next 21 days, we divide 7.5 over 0.8 to determine the next dose.

$$7.5 / 0.8 = 9.3\text{cc}$$

We round up the number to 9cc. The duration for three 21 day periods is 63 days plus the first 3 days, 66 days in total and we start the tapering process by coefficient of 0.8.

### **The Last Stage**

Using the DST Method, the dosage for the last stage is 0.3cc of opium tincture for every 24 hours.

The condition in the last stage: Using the DST Method, the overall condition in the last stage is as follows: The color of the user's face is completely natural and there are no signs of addiction visible. His sleeping patterns are normal and sleeping is easy and natural. The colors of the eyes are completely natural and no darkness is remained around the eyes. The person is very calm and signs of nervousness and restlessness have completely disappeared.

### **The End of the Treatment**

After observing the mentioned conditions, we can discontinue the usage of opium tincture. After stopping the opium tincture, there isn't the slightest sign of withdrawal symptoms in the user and everything is completely normal.

# 6

## **An Interview with Mr. Hossein Dezhakam, Founder of Congress 60**

**An Addiction Recovery Community in the Islamic Republic of Iran:**

**An Interview with Mr. Hossein Dezhakam**

**Founder of Congress 60**



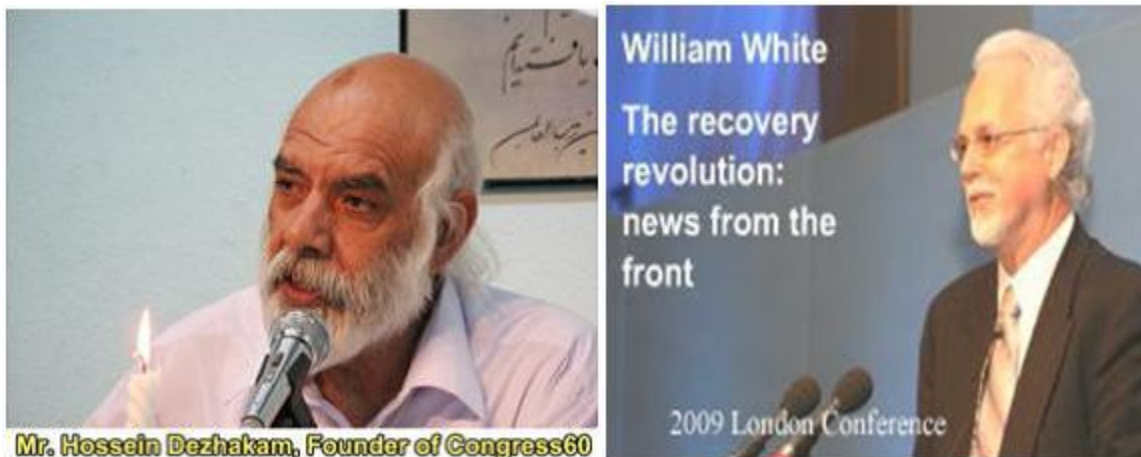
William L. White

A vibrant addiction recovery movement is rising within the Islamic Republic of Iran. Sixteen years after the first NA meeting was first held in Iran in 1994, 29% of all Narcotics Anonymous meetings in the world now take place in Iran. Also evident is the growth of culturally indigenous recovery movements, one of the most noteworthy of which is Congress 60, founded by Mr. Hossein Dezhakam in 1998.

I first met Mr. Dezhakam at an addictions conference in London in 2009. Since our initial meeting, we have maintained a lively exchange of ideas and have developed a great mutual respect and a warm

friendship. Through these communications, I have become quite enthralled with many aspects of the approach to recovery support pioneered by Mr. Dezhakam within the Congress 60 recovery community. There are many aspects of the philosophy and activities of Congress 60 that are worthy of worldwide replication, including a truly unique approach to integrating athletic activity, competitive sport, and the arts into the recovery process. (Note: The images of all persons in the photographs accompanying this interview are included with their permission.)

In the following interview conducted in the fall of 2010, Mr. Dezhakam shares his personal story of recovery, the story of Congress 60, and his thoughts about the processes of long-term addiction recovery.



**William White:** Could you describe for our readers how you first became involved in creating a community of people recovering from addiction in Iran?

**Hossein Dezhakam:** That is an unlikely role given that I'm an electronic engineer by training. I worked in the field of industrial research, design, and repair for 30 years as my addiction to alcohol and then hashish and opium took over my life. I was a hardcore addict for 17 years. I tried many different treatments to cure myself but was repeatedly unsuccessful. In the end, I began playing a game that evolved into the

research and trials that I tried on myself. By determining my daily dosage, time of use, and tapering of the drugs, I implemented a plan and to my own disbelief, was successful after an eleven-month period to break my physical addiction. It was through this that the DST Method was invented. I described this method in my book “Crossing the Zone 60 Degrees below Zero” which has been published 11 times in Iran.

After publishing this first book, I decided to establish a non-governmental organization (NGO), which I named Congress 60 Human Society—the number 60 drawn from my book title. I believed that this new organization would one day cross the borders of my country, so I chose the name “Congress” to convey that people from all nations could participate in it.

## **The DST Method**

**William White:** Please explain the DST method in more detail.

**Hossein Dezhakam:** The DST method is a tested formula by which drugs, alcohol, and addictive medicines are tapered and finally relinquished.

**D** stands for Dezhakam coefficient of 0.8.

**S** stands for step, which means maintaining the daily dosage for 21 days.

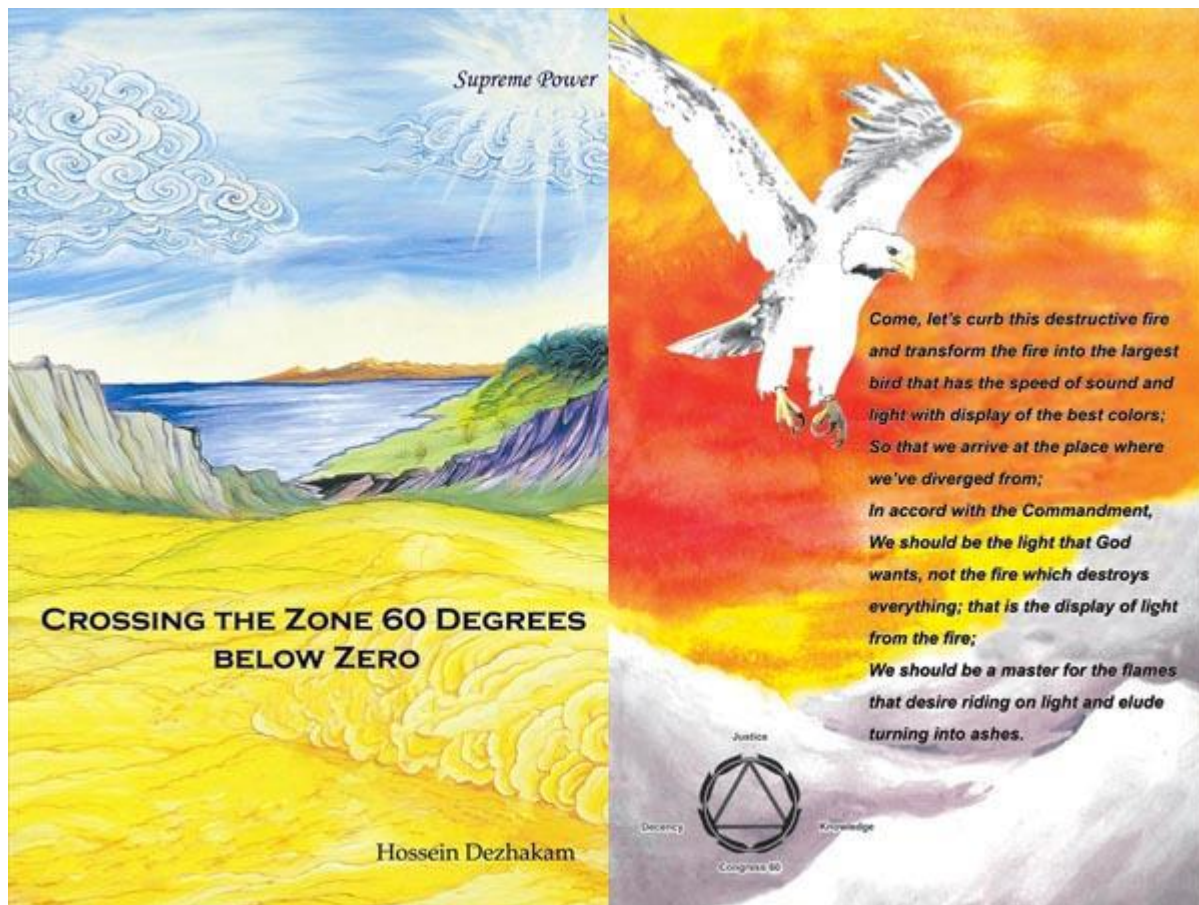
**T** stands for time; the duration of the treatment is at least 10 months and averages approximately 11 months.

Daily drug use, the amount of each dosage, and times of each usage must be clarified in this method and then the tapering can begin. To illustrate the point, here is an example. An individual drinks 1000cc of alcohol 3 times per day; the D coefficient is used for tapering in the following manner:

**THE FIRST STEP:** The amount used currently  $\times 0.8$  = the amount used in the new step, e.g.  $1000\text{cc} \times 0.8 = 800\text{cc}$ . Thus, the amount of  $1000\text{cc}$  is reduced to  $800\text{cc}$  in the first step. The individual should stay in this step for 21 days and then, the next step is calculated in the same manner.

**THE SECOND STEP:**  $800\text{cc} \times 0.8 = 640\text{cc}$ . The amount of  $800\text{cc}$  is reduced to  $640\text{cc}$  in this step; after staying in this step for 21 days, the individual goes to the next step.

**THE THIRD STEP:**  $640\text{cc} \times 0.8 = 512\text{cc}$ . This operation is performed in every step until the daily drug or alcohol use is reduced to the minimum amount and finally discarded. This program should be planned for approximately 11 months. However, in the case of one or two months longer than usual, it is no problem.



**William White:** Are the decreasing doses of drugs over the 11 months self-administered by each traveler or by someone else?

**Hossein Dezhakam:** It is done through a guide or an assistant guide; the traveler does not have the permission to self-medicate. Each traveler upon entry must choose a guide or an assistant guide and receive his or her tapering program in the legion under strict supervision. This plan is carried out according to the DST formula and is tapered every 21 days.

**William White:** May the process of tapering be sped up at the request of travelers who wish to stop using completely and immediately?

**Hossein Dezhakam:** No, according to the DST protocol, the required time for the treatment process is at least 10 months. Even if a traveler is ready and able to discontinue his drug use, he cannot do so due to the philosophy of the DST method of cure. Here, immediate cessation of drug use is not the main concern; it is the restoration and repair of the Opioid production systems within the body (X system) that we are concerned with. This system requires an average of 11 months to become fully functional, and we have determined the time factor through actual experience.

I view this process as similar to the pregnancy period, which averages nine months; speeding up the birth of an infant is an impossible matter even if the mother is ready. Therefore, no traveler is allowed to cut the journey short. This might appear hard to believe, but for those who are interested in understanding the DST method in depth, I recommend reading my two books, "Crossing the Zone 60 Degrees below Zero", which explains the foundation of the DST method, and "Love, 14 Valleys for Recovery". I hope that these two books will be published soon in the United States.

**William White:** Does the continued use of drugs, even at reduced levels, impair the traveler's ability to participate in the Congress 60 community or disturb other members of the community who are now completely drug-free?

**Hossein Dezhakam:** Some of the achievements and findings of the DST method and Congress 60 might seem strange in the beginning. We all assume that a drug addict will be much higher and happier if he or she uses more and more doses of drugs. However, we all know that most drug addicts and alcoholics are in a state of complete satiation as a result of continuous use. We can compare this to a process of adding salt to a container of water; if we continue adding salt to the water in the container, there comes a time where the salt would no longer dissolve in the water, a state of repletion. Similarly, there comes a time in a drug user's life where, regardless of the amount of drugs used, there is no satisfaction gained; in fact, he is worse than before.

In another case, a drug user who uses a stable amount of drugs every day does so in order to become normal, and after a while, there is no special joy from drugs anymore. Under these conditions, we have come across an unbelievable conclusion, which is improvement in the mental and physical conditions of a drug user when tapering drugs according to the DST method. Reduction in the amount of drug use does indeed boost the traveler's confidence in addition to providing a pleasant feeling derived from a balanced drug habit. With every tapering step, there is a mild shock given to the body, which induces the internal Opioid production systems back to production. In other words, the X system will produce the exact amount of drugs tapered when faced with reductions as long as it is done accordingly. For example, when a person gives 200cc of blood the body makes up for depletion in a few days. However, 2000cc of blood loss might lead to major shock or even death.



Therefore, existence of travelers who are tapering their drugs does not have any negative influence on drug-free individuals. I know believing this phenomenon might be hard. Rehabilitated individuals in Congress 60, due to successful restoration and repair of their physiological systems and receiving the proper training, have no cravings for drugs whatsoever. If someone is using drugs in front of them or they see drugs in their proximity, they are not affected because they no longer feel any physical needs for drugs and mentally understand that the temporary high is not comparable to the natural joy they experience constantly.

**William White:** How are new members of Congress 60 able to maintain levels of decreased use when such an achievement in the past was not possible for them? Is this related to the social support and guidance they experience within Congress 60? Would use of the DST formula not work on one's own without such support and guidance?

**Hossein Dezhakam:** No one is able to do anything without the necessary training. You can't give a guitar to someone who doesn't know how to play it. When you see someone who is playing the guitar beautifully and you know that he didn't know how to play it in the past, a question arises as to how did he get such skill? The obvious answer would be training and lots of practice. Why should we think differently when it comes to drug addiction and using drugs? How could we expect individuals to change without providing them with the necessary training?

Everyone says that it is impossible to use drugs in a controlled manner as a step towards recovery; however, I have successfully done this and have been drug-free for 13 years now. I have written books and guidelines on this matter and trained guides to assist others. More than two thousand individuals have been cured in this manner (by using the DST Method). I also agree with those who insist that no one is able to use drugs in a controlled manner unless they are given the

necessary training. Once they have the knowledge, awareness, and training, then it is quite different.

Of course, implementing the DST method, tapering drugs, and using it in a controlled manner are in direct relationship with the support of a guide and other members of Congress 60. In regards to a part of the question that says “Would use of the DST formula not work on one's own without such support and guidance,” I must say it is not impossible. If the individual knows the method perfectly and has studied the guidelines thoroughly, he might be able to achieve the goal. However, by participating in the meetings and being in the legions, it becomes much easier. It is similar to someone who aims to climb Mount Everest alone rather than in a team.

## **Congress 60**

**William White:** How would you describe Congress 60?

**Hossein Dezhakam:** I established Congress 60 Human Society in 1998 for the purpose of assisting individuals who are struggling with drug addiction. Congress 60 is a people-supported, non-governmental organization, active in the treatment and recovery of drug addiction. Its foundation is based on the principal of a revived addict helping fellow addicts who are currently still using narcotics. It has been established with the motto “let’s curb this devastating fire.” It has a license from the Ministry of the Interior, and its purpose is to reduce the harmful results of addiction.

Congress 60's axis of activities consists of education, prevention, curbing, and guidance in curing addiction. The main objectives of Congress 60 are providing scientific research and practical solutions in recognizing the relationship between the human psyche and illicit drug dependence and providing a useful method and guidance to drug addicts and their families. Drug addiction is formed by the interaction

of human beings and drugs, therefore both of these elements have to be studied carefully.

After 10 years of active participation in this field, Congress 60 is a strong, active NGO that provides its services free of charge to the public. It has 15 branches in Tehran and other cities and organizes more than 800 educational workshops (2000 hours, with an average of 150 participants per workshop) each year. Each workshop consists of three groups: 1) male drug addicts, 2) female drug addicts, and 3) their families. In Congress 60, a drug addict is referred to as a traveler (Mosafer) and their companion as Hamsafar. They embark together on a journey of recovery.

The achievements of Congress 60 have been the redemption of thousands of addicts from their harmful habits with the lowest rate of relapse, and the training of more than 155 expert guides on addiction treatment for men and 10 for ladies; 120 guides for the ladies' companions and 5 for men's companions. Congress 60 has produced for the first time the protocol for curing this disease, and it has been recognized and accepted by many professionals, scientific research centers, medical personnel, and other prestigious centers in this field. As a scientific research center, Congress 60 cooperates with other professionals, universities, academic centers, and non-governmental organizations, and is constantly open to new ideas.

**William White:** What model did you follow in establishing Congress 60?

**Hossein Dezhakam:** Let me start from 13 years ago, the time that I had finished my own treatment using the DST method and had finished writing my first book titled Crossing the Zone 60 Degrees Below Zero. Even though seven months had passed since I had become drug-free, I entered an addiction recovery support group, which was well known worldwide and was active in my country as well. I spent seven months there conducting research of my own and discovered several strong, positive points and a few confusing, complicated issues. There were

many questions in their approach that were left unanswered. In those days, I knew the solutions to the complex and confusing issues in that group, but due to the rules and restrictions in place, I could not point them out. No one was open to my suggestions, and there was no room for change. I had no choice but to establish my own organization to convey my knowledge and experience to others.

**William White:** Elaborate on the differences of your own conclusions.

**Hossein Dezhakam:** For instance, their view was that drug addiction was a strange and incurable disease, and they saw it as always progressing rather than regressing. They viewed addiction similar to a disease such as cholera, which was thought of as an incurable disease 200 years ago. They similarly viewed addiction as a complex sickness with no cure. At present, many experts in this field hold this opinion, but I strongly disagree. With my 10 years of experience in the field and our successful treatment of over 2,000 hardcore addicts, I have found out that prolonged addiction to drugs causes disruption and disorder in the brain's neurotransmitters and hormones that are completely curable using the DST method.

This internal system, which I have named the X system, can be restored and repaired to its natural state, perhaps even better than its original form, meaning before drug addiction. I believe that just as drug addiction could be a progressing phenomenon for the addict; it could be transformed into a regressing process that results in complete cessation. In fact, the DST method is a kind of regressing trend in using drugs, alcohol, or substitute medicine.

**William White:** How do you define the X system?

**Hossein Dezhakam:** The X system is an entity that contains all the neurotransmitters and hormones in the human's body. All our spiritual, psychological, emotional, sexual, and physical activities are influenced by this system. To clarify, I should provide a definition for drug

addiction in terms of its human physiology. Drug addiction involves a chronic substitution of narcotics, alcohol, and prescription medicine instead of opioid-like natural substances inside our body—substances like Dopamine, Endorphins, and Serotonin. Having the above definition in mind, we can see that when external substances like drugs and alcohol are imported into the body for a prolonged period of time, the X system is damaged extensively and this in turn causes an imbalance, dysfunction, and disruption within the physical system. Thus, we can name the above-mentioned drugs and alcohol as anti-X, as they cause extensive damage to this vital organization. In fact, understanding the X system and anti-X factors are the important parts of a definitive cure of addiction.

**William White:** What was the group you previously attended?

**Hossein Dezhakam:** I previously attended Narcotics Anonymous, and I continue to have a lot of respect for them. I have learned immensely from their teachings and organization. In my view, Congress 60 is a complementing branch of NA, and I've always been interested in their progress.

**William White:** So, in contrast to NA, you believe that the addict can benefit from stabilizing doses of medication to support the early stages of recovery?

**Hossein Dezhakam:** Yes, but of course, not every type of drug addiction is suitable for this method. It must be an appropriate substitute so that it can repair and restore the X system.

Implementing such a process also needs its own specific conditions and without a guide and the required training, one can never accomplish the intended result. For instance, we all know that weapons and explosives at the workplace or home could be very dangerous and even fatal, with the risk of disaster at any time. Then how is it that storage of such dangerous material in military bases and

garrisons does not lead to daily disasters? I think the main reasons are proper training, awareness, and expert instructors. When we trained addicts and gave them the necessary knowledge and support, successful implementation of the DST method proved to be quite smooth. They might make some mistakes initially, but as time goes by, they will learn to treat their drugs as medicine and control their usage until full cessation occurs. In this method, one does not need to become distant from friends, social gatherings, or certain places.

**William White:** What is the substitute medicine in Congress 60? You also said that not all drugs could be controlled. Which drugs are you actually referring to?

**Hossein Dezhakam:** In Congress 60, we use opium or opium tincture as the substitute medicine, and we have reached an important conclusion that opium tincture is much better when it is made of opium, water, and a small amount of alcohol as a solvent. Through experience, we have come to understand that drugs such as LSD, crystal meth, cocaine, and heroin are very hard to control. Even if they are kept under control, no physical or mental balance can be maintained. Since our focus is on restoration and repair of the X system, I believe there is no drug like opium containing vital compounds and alkaloids that is more appropriate for the treatment of drug addiction.

## **Guides and Companions**

**William White:** You have referenced guides and companions. Could you describe these roles in Congress 60?

**Hossein Dezhakam:** Let's start with companions. A companion is someone who has no prior history in drug addiction and is either a family member or a friend of the addict and has a close relationship with the addict. As you know very well, addiction is very powerful and destructive and in order to win the battle, there needs to be proper

education and training along with the support of the family, guide, and counselor. Therefore, to unite the addict and his family for the common purpose of overcoming addiction, the companion group was established in the early days of Congress 60. In fact, to fly towards a perfect recovery, one needs two wings: the traveler together with the companion.

In Congress 60, the companions are an inseparable unit that forms a solid foundation in the treatment process. They receive the exact same training as the addicts do, participate in the examination to become a guide, and they are given crucial responsibilities in the management of our NGO. They take part in our sports competitions, conduct and manage their own educational workshops, and ultimately, they bring a delicate joy to the atmosphere of Congress 60. The presence of children and youth and the sound of their laughter and joy in the corridors create a calm and blissful atmosphere where promise for a brighter tomorrow is constantly felt. In this manner, the breakdown of families is prevented and the meaning of unconditional love is practiced.

We have two groups of companions in Congress 60: a) the ladies who are the wives, sisters, mothers, and friends of the addicts, and b) the men who are the fathers, brothers, spouses, and friends of the addicts.

Now, for the role of guides. Congress 60 is based on the principal of a rehabilitated addict helping other addicts who are still using drugs in addition to families supporting one another. A question might arise here: is anyone who has been rehabilitated a suitable candidate to help other addicts? We believe that an individual who has quit drugs instantaneously or as we say “free fall” can share his experiences with others. However, when a specific method of treatment is involved, one cannot help other addicts without the proper training.

We think of addiction as a science, especially where discussions of maintenance, treatment, recovery, and prevention are concerned. Thus, only a guide with proper training, knowledge, and experience

together with a balanced mental and spiritual state can lend a helping hand to other addicts. Therefore, to determine the above-mentioned qualifications, we conduct oral and written examinations and look for a suitable moral attitude. If a guide gives the wrong instruction, it could have drastic consequences. We must be very cautious in regards to the process.

**William White:** What subjects are tested?

**Hossein Dezhakam:** We focus on three primary areas: 1) technical knowledge of drugs and their effects on humans and methods of effective treatment, 2) worldview or spiritual aspects of the recovery process, and 3) moral aptitude of the applicant, which is judged by the management team.

**William White:** What are the sources for the exams?



**Hossein Dezhakam:** The exams are based on knowledge drawn from a collection of my writings, including 1) Crossing the Zone 60 Degrees Below Zero, 2) Love, 14 Valleys for Recovery (similar to the 12 Steps of NA), 3) the manifest and principles of Congress 60, 4) guide and guidance in Congress 60 course, 5) worldview discourse 1& 2, and 6) numerous articles and educational CDs.



**William White:** What are the requirements that someone must have to become a guide?

**Hossein Dezhakam:** There are three different levels of guide in Congress 60: 1) assistant guide, 2) guide, and 3) master guides. When an addict completes the entire treatment process successfully and achieves one full year of recovery, he is permitted to participate in the examinations for the role of assistant guide. The same applies to companions. Their addict must have achieved one full year of recovery. Upon attaining a good grade, they receive an orange scarf in a special ceremony, and they are allowed to form legions.

**William White:** What is the purpose of the orange scarf?

**Hossein Dezhakam:** It is a sign that distinguishes the guide in the educational workshops and makes it easier for the newcomers to find and choose the guide of their liking.

**William White:** What do you mean by legion?

**Hossein Dezhakam:** Each guide has several students, and we call this group a legion; it is similar to the family unit in a city and legions are like branches of a society. No one is permitted to be on his own in Congress 60, and everyone must become part of a family or legion. Once the general workshop is over, every legion gathers around their respective guide and forms a smaller session. Thereafter, the guide assigns a topic for discussion and every member is expected to participate; every week, the guide is given permission to take his legion to a place in nature (not homes).

**William White:** Describe this guide role in more detail.

**Hossein Dezhakam:** In order to keep the cycles of training moving in Congress 60, every assistant guide is allowed to volunteer his or her services for four years; after this period, he or she must either become

a guide or stop accepting new students. The requirements for becoming a guide are: 1) at least three of his or her students must have reached the assistant guide status, 2) five other guides endorse his or her ability for the new position, and 3) he or she must submit a thesis concerning his or her experiences and findings in the field of addiction. After successfully completing these requirements, he or she becomes a guide and receives the blue scarf.

**William White:** How about the role of master guide?

**Hossein Dezhakam:** Up to now, there are no rules regarding this position. At present, I am the only master guide, though we hope to develop many more in the future. The master guide wears a purple scarf.

**William White:** How would you describe your role in Congress 60?

**Hossein Dezhakam:** When I attempted to establish Congress 60, conditions were difficult and many obstacles were in my path. However, as time went by and more members were cured by the DST method and maintained prolonged recovery, my personality gradually transformed into a charismatic figure for them and their families. This was because many hardcore addicts had been perfectly cured and their families witnessed an amazing transformation in their lives. They realized that everything I say or do was for their betterment, and this in turn gave me the opportunity to design a system based on knowledge, decency, and justice. I envisioned a model in my mind that would produce the highest results with the least amount of expenses and the lowest rate of relapse. Also, I enforced a strict code of independence at all levels so that no specific figure would have all the responsibilities alongside a powerful training and supervision process.

I'm happy to say that today Congress 60 can continue the leap forward with minor adjustments even without me. These days, most of my time is spent on writing, research, communication with academic

centers and NGOs, meeting with guests and visitors, playing sports, and supervising all the branches for improvements and enhancement of their operations.

I'm also the chair of the C14 even though my successor does most of the work. I'm also in charge of the female addicts and their training, which is a separate group altogether. There are no holidays in Congress 60, and we always work.

### **Congress 60 Literature**

**William White:** Your writings have played a very important role within Congress 60. Could you briefly describe your books and other writings and how they are used within Congress 60?

**Hossein Dezhakam:** I created my writings to provide a new angle to look at drug addiction concepts and issues, and outlined this new way of understanding addiction and recovery in three books.

In my first book, "Crossing through the Zone 60 Degrees below Zero", I compared addiction to extreme cold to give it a tangible feeling. The aim of this book is to shed new light on the process of treatment and recovery by defining the problem of addiction in depth. It states in simple language the obstacles faced by addicts, identifies the blind spots of current treatment methods, and presents new solutions. Research in this book has been presented in a way that most people can grasp the ideas. I think the place of this book is both in homes for the families and in university for the experts. Studying this book will be useful for doctors, judges, researchers, officials, and others active in the field.

In my second book, "Love, 14 Valleys for Recovery", I expound on my belief that drug addiction damages the physical body, psyche, and worldview and that successful treatment requires a full renovation of the individual's beliefs and views of himself, family, society, and the universe. Through addiction, one's lenses are poisoned; one's outlook

on life is damaged. Thus, a vital transformation is required. I have designed 14 valleys or 14 steps for a change in this worldview, which would gradually give the addict an opportunity to mend his ways in order to attain peace and serenity within. The first valley begins with deep contemplation, and the fourteenth valley arrives at unconditional love.

In a third book, *White Eagle*, I outline my belief that drug addiction comes from a marriage between drugs and the person; thus, to treat and cure addiction, we must know and understand each component of this marriage. The book *White Eagle* is centered on the knowledge about human essence, a unique philosophy on this nature. It tries to pierce through the invisible attributes of humans and discover the secrets of its creation. The issues discussed include earthly and heavenly knowledge—physics and metaphysics. Of course, writing these 485 pages took approximately 14 years, and I could only share a part of my philosophy in regards to hidden aspects of the human being. The rest are written in two other books, “The General” and “Ashas”.

**William White:** Is there a brief summary of the valleys used by Congress 60 members like the Twelve Steps that are used by members of Alcoholics Anonymous?

**Hossein Dezhakam:** Yes, we have the valleys in brief summary for members, and the fourteen valleys in C60 play the same role that the 12 Steps do for members of Alcoholics Anonymous.

### **Fourteen Valleys of Congress 60**

*First Valley:* All structures begin with contemplation; without contemplation, whatever exists will decline.

*Second Valley:* No creature comes into existence without a purpose; none of us are insignificant even if we think of ourselves as that.

*Third Valley:* It has to be known that nobody thinks as much as the human being for his Real self.

*Fourth Valley:* In crucial affairs, leaving the responsibility to God means neglecting one's own responsibility.

*Fifth Valley:* Cognition is not the absolute power of solution in our realm of existence. It will be completed with experience and achievement.

*Sixth Valley:* We must fully perform Wisdom's command as the commander in charge.

*Seventh Valley:* The mystery and secret in discovering the Truth lies in two factors: finding the right path and what we derive from it.

*Eighth Valley:* The path is revealed with progress.

*Ninth Valley:* When a force begins at a low level and gets to a higher degree, it reaches an endurance point.

*Tenth Valley:* Human beings' past attributes don't remain the same because we are constantly changing.

*Eleventh Valley:* All roaring rivers and gushing springs will ultimately reach the sea and ocean.

*Twelfth Valley:* In the end, the first command will be carried out.

*Thirteenth Valley:* The end of each point is the beginning of a new line.

*Fourteenth Valley:* The only thing that exists is Love, without it, there are only empty containers.

## **Funding and Staffing**

**William White:** How is Congress 60 funded? Does it receive any government funding?

**Hossein Dezhakam:** 99% of the funding for Congress 60 comes from a donation box that is collected from all the participants at the end of each session voluntarily. Government funding is about \$5,000 to \$10,000 per year, and this is accepted only to have a good relationship with them. However, some buildings for our branches are provided by government or government-related organizations. The rest of these locations have been either rented or bought by our own money.

**William White:** What are the total number of staff and volunteer positions that support Congress 60?

**Hossein Dezhakam:** This may be a bit surprising, but we have no paid staff at all, and all the positions are filled by part-time volunteers who include Didehban, Marzban, Guides, and Assistant Guides who collectively number more than 300.

**William White:** Are there physicians or other professionals who supervise aspects of the support provided through Congress 60?

**Hossein Dezhakam:** All the personnel who are in charge of training and education are graduates of Congress 60; they were either ex-addicts or family members of addicts. However, there are many university students who come to our branches to conduct their research and studies. Furthermore, some university instructors and professors attend our sessions to give talks and seminars, and all in all we have a very strong relationship with academic centers and universities.

## **Congress 60 Members and the Public**

**William White:** How do people find and become members of Congress 60?

**Hossein Dezhakam:** In Iran, people generally know about Congress 60, and we are faced with a great number of clients on a daily basis whom we have not the space and the facilities to serve. The travelers of Congress 60 are in the view of the general public without any fear in a variety of means, such as TV interviews, newspapers and magazines, and sports arenas. Becoming a member of Congress 60 is very easy as long as the individual obeys the rules and regulations of the workshops.

**William White:** Is this level of public visibility aimed at changing public attitudes toward addiction and recovery? This seems similar to what our recovery advocates are trying to do in the United States.

**Hossein Dezhakam:** Yes, we present the society with the opportunity to see a whole different side to treatment and recovery of drug addiction through TV, newspaper, magazine, radio, seminars, conventions, and sports arenas. This alters their perceptions and narrow-minded views on addicts. We believe that collateral damage is an inevitable outcome of any war, but bravery and courage can transform pessimistic predictions. Of course, in this war, our weapons are love, faith, and reason.

Eleven years ago, and for the first time as an addict, I participated in a live TV program with six other experts in the field and challenged many mainstream opinions on drug addiction. The results were unbelievable, and the path became clear after that night. I will try to summarize the main objectives.

1. If we compare the TV programs about addicts as a courtroom, it is usually the case where the judge, prosecutor, and jury are always present and the guilty verdict is always issued. Unfortunately, the accused being the addict is always absent and unable to offer any self-

defense. For this courtroom (media) and the people who are the jury, we want to shine the light of knowledge and understanding on the dark corners of drug addicts and drug addiction.

2. Most people assume that an addict is a person of moral incompetence; he or she is a selfish and carefree individual who does not want to be treated and cured. We want to introduce a concept that says addiction is an illness of body, mind, and worldview and to be successfully treated, many issues must be taken into consideration.

3. We are aiming to challenge the false, futile methods of addiction treatment so as to prevent the vicious cycle of failures, which could harm the will and determination of those seeking redemption from addiction while opening a real, practical path to recovery.

4. We are saying that drug addiction is treatable and curable at any stage.

5. We believe that drug addiction knows no boundaries and no one's children are safe from its destructive fire. We want to alert the public that those who use drugs recreationally today are the prime candidates to become tomorrow's hardcore addicts.

6. We constantly remind the addicts about the grave mistake they have made while simultaneously offering the opportunity to make amends through the courageous act of entering into a treatment and recovery process.

7. Our goal is to create awareness in lawmakers and government officials about the actual nature of drug addiction so that they can make the right decisions that affect the addicts directly.

All in all, I would like to express my deepest joy in observing a similar courageous movement in the United States. I was very delighted to see the pictures of the National Recovery March in Philadelphia, and I admire you and every other person who participated in your recovery march.



**William White:** Do you serve a diverse population of members at Congress 60?

**Hossein Dezhakam:** The doors of Congress 60 are open to everyone regardless of gender, age, religious background, and personal beliefs. All are welcome here.

### **The Recovery Journey**



**William White:** You have compared the treatment process and recovery to a journey.

**Hossein Dezhakam:** If addiction was only a physical or psychological disease, then treatment would be needed only in these areas. However, there is extensive damage done in another area, which I have

named worldview. Worldview is the manner in which the individual looks and perceives himself, his family and friends, his social circles and interactions, and society. I believe the crisis faced by an addict has three aspects to it; this triangle has three sides, and all three have been damaged and must be repaired.

Therefore, to increase awareness and provide knowledge, some non-governmental organizations such as AA and NA have the 12 Steps in place in order to positively alter and transform the addict's worldview. In a similar manner, I have written the 14 valleys for Congress 60 so that the addict can better deal with the immense obstacles scattered on his or her path.

I can say from personal experience that an addict's world is like a dark prison; one feels trapped inside the experiences of fear, anxiety, rage, humiliation, and lack of identity. In order to march towards light, health, and freedom, the individual must make a move. We call it a journey: a journey from fear to courage, from anxiety to bliss, from rage to compassion, from humiliation to honor, from sickness to becoming healthy.

**William White:** You mentioned that there are three journeys. Could you explain this?

**Hossein Dezhakam:** A person does not become an addict overnight; thus we cannot attempt to cure his addiction overnight. An individual would not be able to come out of darkness quickly, especially if he's been in it for years. An immediate transition into light can metaphorically harm his eyes and thus, his vision (judgment). Essentially, time and the proper approach are needed to successfully treat this illness.

First Journey: the period of using drugs or substitute medicine until complete cessation. During the first journey, the three processes of maintenance, treatment, and recovery begin at the same time and

after approximately 11 months; maintenance and treatment come to an end while recovery continues.

**Second Journey:** a drug-free period that comprises a process of self-discovery. At this stage, training and recovery are blended with physical exercise and activity such as sports competitions and gradually, the individual becomes familiar with his inner dormant strengths.

To receive the proper training and education, one year should be enough and he or she can volunteer in Congress 60 part-time or even leave. However, gaining self-knowledge and awareness is an ongoing process, and it does not stop in the person's lifetime. Usually, addicts who complete the first journey are through with addiction for good.

**Third Journey:** the never-ending process of understanding the order and mystery of our universe. This stage involves a spiritual journey beyond time and place. Each and every one of us deals with this journey throughout our lives, and very few people could fully understand the actual depth of the matter. Congress 60 is trying to say that gaining knowledge is a vital aspect of a human's life. It must take place continuously and can never end because knowledge is infinite. Of course, to overcome drug addiction in Congress 60, the first two journeys are sufficient, and the third journey is only an ideal destination.

**William White:** Who is qualified to teach worldview? To which science does it belong?

**Hossein Dezhakam:** Maybe a wise mentor or a philosopher who knows human nature and loves to serve; maybe someone who understands addicts and drug addiction and is able to love those he serves; or someone expert in human physiology, medicine, psychology, social sciences, and counseling. I'm not sure as to what field of science teaching worldview belongs to, maybe to all of them. Perhaps a new field should be created.

**William White:** So, where would we find such individuals?

**Hossein Dezhakam:** Such people are definitely out there, but we must train and educate certain people specifically to assist addicts in their journey of recovery. They might not become experts in the beginning but would make reliable guides. As you know very well, drug addiction is a science on its own and should not fall under other categories. As long as it does, we will not obtain the necessary results. Currently, drug addicts in need of assistance are the largest patient group globally, and yet, the method of treatment for addiction is still unclear and debatable. No one actually believes in a definite cure. It is upsetting that the addict is looked upon all too often as prey or a customer, although there are many honest activists in the field. We must one day accept that drug addiction requires a sophisticated science. We are just at the beginning of that. Other fields of science must work hand in hand with it rather than each wanting to own it. Imagine that in most places of the world, a general doctor who wishes to specialize in hair or skin must receive extensive training that could take five years. However, to receive a certificate for drug counseling and treatment, which is a complex matter, a relatively short time is required. It is my sole desire to establish a drug addiction academy with your aid and other interested parties so that the only subject of interest would be addiction and its cure.

## **Governance of Congress 60**

**William White:** How is Congress 60 governed?

**Hossein Dezhakam:** As I mentioned earlier, our work forces are all part-time volunteers and our services are free of charge. We receive volunteer donations from our members. We have a federal system of government and management decisions are made at every level of our organization, given they are according to our written manifest and regulations. Management of every level is chosen in elections by the members, and its structure is similar to a green tree.

The root of the tree is the founder and director of Congress 60. Since I was alone at the time of establishing this NGO and the original idea, structures, and rules were designed and implemented by me, I consider myself the architect and root of this tree.

The trunk of the tree is the Congress 60 legislative branch or Didehbans (Watchman). This 14-member group act like a parliament (C14), and it is made up of 12 travelers and 2 companions who are experienced individuals with distinguished backgrounds. They are all guides in Congress 60 as well and have been elected by other members. They are in charge of governing and managing all branches and right at the top of this hierarchy is the guardian of Congress 60. Also, each Didehban, which means “supervisor” in English, has a responsibility for a specific field, similar to a minister in charge of a specific ministry, e.g., departments of research, worldview, family, public relations, lady travelers, sports, and guides. Every department has its own supervisor.

The main tree branches are the Marzbans (Border Patrol), which are the executive teams of every branch. The responsibility of running the branch and executing rules and regulations of Congress 60 is on the shoulders of these individuals who are also elected by the members of that specific branch. They are chosen for one year, and the team is made up of five male travelers and two lady companions who are experienced in the field of addiction.

The smaller tree branches are the guides and assistant guides. This group of individuals has a very important responsibility, which is training and educating the addicts who have come to Congress 60 to cure their addictions.

The blossoms and fruits of this tree (travelers) are connected to these branches, and they are in charge of producing fruits. The blossoms and fruits of the tree are the newcomers and first journey travelers. They are the most important part of Congress 60; since strong winds and extreme cold might harm their progress, they need special care and attention to produce the best fruits. If this tree produces healthy and delicious fruits, the whole process becomes

rewarding and sweet. However, if unhealthy and rotten fruits are produced, this tree must be cut, considering the cost and time. This tree must be cut and used in the fireplace in winter so that we can benefit from its heat and not waste our valuable energies.

**William White:** And what about the leaves?

**Hossein Dezhakam:** I haven't actually found an appropriate role for the leaves yet. Perhaps they could represent the financial contributions of our members. Since the collection of leaves gives the tree a beautiful form, the sum of all these contributions makes a valuable asset.

**William White:** How long are members expected to participate in Congress 60? Do those who have completed a cycle of weekly agendas continue to participate, or do they graduate from Congress 60?

**Hossein Dezhakam:** In Congress 60, all the stages of treatment, maintenance, and recovery are done in a form of two journeys, and the training workshops commence at 5:00 pm for about three and a half to four hours so the employed individuals can work during the day and participate in the training workshops in the evenings three times a week. The first journey: from using drugs to discontinuing. This course lasts for about one year. After this period, the individual doesn't use any kind of substances or medicine and is trained under the supervision of his guide. After quitting drugs, he enters into the second journey. The second journey is from quitting drugs to knowing one's self. At this stage, the process of treatment and maintenance has ended and the individual only works on his self and increases his knowledge in recovery; he fully participates in the public workshops and legions and repeats the training of the first journey. He becomes an exemplary model for those who are in the first journey and also, he volunteers his services. After one year, he attains the necessary awareness and it's not compulsory for him to participate in the workshops. At this time, the individuals who like to volunteer their services in C60 can do so as a

counselor, assistant guide, guide, or marzban. They should make themselves ready for the oral and written examinations, and if they pass the exams, they will begin volunteering as an assistant guide.

**William White:** May anyone from the public attend these weekly sessions, or are they only for members of Congress 60?

**Hossein Dezhakam:** Everyone can participate in the sessions as a guest, but some sessions are only for males and some sessions are only for females. There are four groups in C60: a) male addicts, b) female addicts, c) female companions: female family members like wife, mother, sister, and friend, and d) male companions: male family members like father, brother, son, and friend. Women cannot participate in the meetings that are especially for men and vice versa. There is a joint meeting for male travelers and male and female companions during the week, and on Fridays (weekend), male travelers and family members (male and female) from all branches come together in a huge park from 7:00 am to 2:00 pm and play sports activities in 14 different fields and participate in internal competitions.

**William White:** Do those who dedicate so much of their time to Congress 60 on a voluntary basis have other occupations that allow them to financially support themselves and their families?

**Hossein Dezhakam:** All of our branches operate in part-time schedules. Some are open on odd days and others operate on even days, and they do so about 4 to 5 hours in the evenings. Therefore, no one besides me is full-time here. Those who volunteer more hours are obviously doing better financially. They are either students at home, retired individuals receiving pensions, or business people. Some are unemployed and look for a positive way to spend their free time; most of them are supported by their families, and some are given small donations by Congress 60 for food and transportation on days they are volunteering. These

donations are not considered salaries for their services since they are small and periodical.

Overall, Congress 60 is like a social club for its members, offering a wide range of services in sports, hobbies, and arts. Most enjoy these services greatly and spend a few hours on alternate days socializing with their friends. They look forward to serving others and enjoy their time here since watching people change for the better is very exciting. Even our executive teams (Marzban) who are in charge of managing the branches share the working hours amongst themselves and every shift is allocated to one of them. The watchmen or the legislative branch of Congress 60 are also part-time and volunteer according to their daily schedules. Our accounting and publications departments also follow this trend and manage their lives accordingly.

Some branches that offer morning counseling do so base on the free time of their volunteer staff, and all duties are shared by volunteers. Of course, there are always many young people who are unemployed and available in our branches who are begging for volunteer hours along with their family members. Some are willing to pay money to keep their young ones busy, so we are faced with a large number of available volunteers. All in all, everything is in a state of rotation in Congress 60 and as soon as some volunteers leave, others take their places. I'm the only one full-time in Congress 60 and am here only to do my own work and research, otherwise the management affairs are taken care of. If you ask about my own source of income, it is through the sales of my books and CDs, which is not a whole lot, but I make ends meet.

**William White:** What is the secret to maintaining the sustained involvement of the volunteer leaders within Congress 60?

**Hossein Dezhakam:** What a great question, which is related to our seventh valley. Usually when organizations and institutions are looking to hire a strong workforce, they choose those without criminal records



or history of drug addiction (people with virtues). However, in Congress 60, we hire people with the worst criminal backgrounds and addiction history (people with vices); this is our secret. They are the people who are banished from society and are even isolated by their friends and families. This is because Congress 60 knows the secret in dealing with such individuals: we understand, respect, and love them and have realized the notion of personality transformation.

You know very well that if these so-called dangerous people change for the better, they could become valuable assets with great potentials and capabilities. This is because they have experienced the dark side and have suffered immensely and thus they appreciate the value of health and serenity. These individuals are very sharp and understand the slightest mistakes. It is like a righteous cop with an expert background in robbery. Such individuals have a lot of abilities and are willing to sacrifice a lot for their cause. Because they feel that Congress 60 has rescued them from the depths of darkness and misery without asking for any financial repayment, they are willing to give back the unconditional love and service without any hesitation.

Since all who serve in Congress 60 receive tremendous respect and admiration from other members, it establishes a deep spiritual relationship for them that satisfies an emotional need in them after years of humiliation and degradation. In Congress 60, everyone accepts and respects the words of leaders and rewards them with gifts and flowers. This is our secret in creating and maintaining future leaders for Congress 60: some are ready to stay and serve till the last moments of their lives so as to increase their knowledge, decency, and justice in life.

**William White:** Would money to establish full- or part-time paid staff help or potentially hurt Congress 60?

**Hossein Dezhakam:** There are many non-governmental organizations (NGOs) worldwide that must maintain a paid staff policy to be able to operate, and I totally agree and understand this issue. People must

have an income to live comfortably. However, I believe that it is better for Congress 60 to operate on a volunteer basis so that those who do not need money enjoy the opportunity to serve with love and compassion. It is better that Congress 60 continues as it is so that it can provide humanity the knowledge that its notorious members have gained through suffering and pain. This knowledge, which is available for all people, NGOs, universities, and academic centers, is gained by people who have gone to hell and returned. Everyone is welcome to use any part of it that they think is beneficial. I believe that if I pay salaries to our staff, it would bring more harm than good.

**William White:** How is it that you have such a large number of people willing to volunteer without demanding financial rewards?

**Hossein Dezhakam:** This is mainly because we treat and cure people free of charge, in a pleasant manner, without any expectation, and this in turn transforms the addicts' lives and their families. Therefore, we are faced with a large number of volunteers who are ready to provide services and financially assist us in any way they can. Remember that not all drug addicts are street junkies. Many come from educated and well-off backgrounds, including experts, doctors, and artists. When they are successfully treated and regain their health, they do anything within their power to help our cause. For instance, several individuals who are drug-free now have provided us with land on which to build new branches. As soon as I announce in a meeting that Congress 60 needs money, many volunteers come forward. It might be hard to believe, but if I say that I need five guides to go to a cold region and serve as volunteers, 20 people would immediately come forward even if they know they might die of cold over there. You might say that I have brainwashed them: no, never. This is because they have returned from the depths of darkness and understand the true meaning of unconditional love and service. There is a saying that we have: "others planted and we ate, we must plant for others to eat." William, when a

well is successfully dug to attain water, there would be prosperity and productivity in the nearby farms and gardens; life is enriched and food becomes available for all. However, if no water is found, only the diggers stand to gain financial rewards, and no one else benefits.

## Recovery and Sport



**William White:** Sports play a unique role in Congress 60. Could you discuss this?

**Hossein Dezhakam:** If sports are used properly in the issues of treatment and recovery, it could produce tremendous results. However, when implemented incautiously, it might bring more harm than good. Maybe it is for this specific reason that sports have yet to be accepted as instrumental factors in treatment and recovery of drug addiction.

We realized its importance in Congress 60 through practical experience. We found out that with proper approach and suitable sports, we can take positive steps toward the recovery process. Therefore, we had to consider various types of sports and physical

exercises so that each addict depending on his or her desire, ability, and interest could participate in them. This project began with light sports such as darts and evolved to full contact sports like rugby. When addicts are entered into our treatment process, they must go through a certain period of time before being allowed to participate in the sports program. At first, they start with light forms of activities so that their bodies can prepare the way for future training; they must gain the minimum balance and physical ability.

Currently, sports are so important in Congress 60 that in order to become a guide, the individual must have a sport in which he or she is fully active. This condition is also compulsory for the companions and families. I must remind you that we do not have a lot of support or facilities to conduct our sports program. We gather on weekends in a large park, and everyone stays busy with their own physical workout. Maybe it is hard to believe that our soccer players play on hard asphalt, darts are conducted between the trees, and chess is played on park benches. Of course, due to the great improvement that our rugby and archery teams have had so far, they practice and compete in suitable stadiums, along with an Olympic size pool for our swimmers. We started with the poorest level of facilities and gradually, things improved. For instance, the current coaches of our rugby and archery teams have previously managed the national sides.

**William White:** Were sports always a part of Congress 60? How did this begin?



Congress players before their match with Esfahan Province

**Hossein Dezhakam:** That's a great question. We have arrived at this stage by accident and without planning or structural organization. Maybe it was destiny or fate. I'm not really sure, but I do know that overcoming the numerous obstacles on our path has been the main force that has guided our ship through the stormy seas. Approximately seven or eight years ago, our central branch was closed down and sealed by the order of a judge. As a result, more than five hundred people who were in the treatment process along with their families were left stranded. Instead of complaining or losing hope, guides formed their legions in a park and held their sessions there. Since there was a large space available in the park, some legions started to play football with a plastic ball during their free time. This was the beginning and foundation of sports in Congress 60. At that same time, running the affairs of our central branch was conducted on the sidewalk in front of the closed doors.



Fifty-four days later, another judge issued a verdict to reopen the central branch, and we all returned to business as usual. However, we all had gotten used to the atmosphere of the park, and we decided to continue the sports activities in the park on weekends. Gradually, volleyball came onto the scene and since there were many players, football and volleyball competitions between legions took place shortly after. After a couple of years, the city took away the asphalt ground and the other available spaces from us and ordered us to leave. Their reason was they wanted to build an archery field for archery competitions. Once again, we decided to take back our arena, so we registered for the archery training in that very location. After some time, we found ourselves in the national archery league competing against the best in the country. We also moved football to another area in the park.

Gradually, other sports were added and annual sports competitions and games such as Golden Eagle Olympics were established. This is the sixth year that these games are taking place. There are 14 different sporting events in these competitions, with more than one thousand athletes and their families participating. They are conducted from November until June and they end on World Anti-narcotics Day. Once these competitions are over, there are other games available for athletes such as Sardar cup, Raad cup, and White Eagle cup, with cash prizes for the winners.

**William White:** How many teams participate in the games?

**Hossein Dezhakam:** 24 football teams, 20 volleyball teams, 30 teams in tug of war, 200 players for table tennis, two rugby teams, 50 swimmers, and 80 archers.

**William White:** What is your philosophy of the role of sports in addiction recovery?



**Hossein Dezhakam:** My philosophy regarding the role of sports in curing drug addiction is that it is best achieved as a gradual approach, with light activity in the beginning and full force after successful treatment and in recovery. A wise one once said “if you can, teach others how to love and serve; if not, give them hope. If there is nothing else you can do for them, at least make them busy; because doing nothing is the source of all corruptions.” In Congress 60, I have made two concepts clear to my students for them to always remember in life.

First is continuing their education, and the other is physical exercise or a field in sports.

You probably agree with me that drug addiction shrinks the body, introverts the knees, slumps the shoulders and neck, and pales the skin complexion. Physical exercise and sports uproot the posture, prevent obesity, boost the opioid production within the body such as Dopamine and Endorphins, fill up the free time positively, enlighten the face and spirit of the individual and give a high motivation for life and living. This in my opinion gives them love and hope.

My dear friend William, it is now seven years that I get up at 5 in the morning three times a week and go to a swimming complex at 6:00 AM with about 100 members of Congress 60 for a swim. When I watch these boys, who were once hardcore drug addicts and street junkies dive into the water, play and laugh like children, I experience such a joy that is incomparable to anything in this universe. Yes, this is my philosophy; not only for addiction, but to be alive and to live life to the fullest.

**William White:** Do members continue to participate in the athletic events after completion of their formal involvement in Congress 60?

**Hossein Dezhakam:** In Congress 60, sports are usually taken up seriously after the treatment process and in recovery. I believe that every human being must take up some sort of a physical exercise to maintain good health and avoid the regular trips to the doctor. It is the most valuable, healthy, and yet cheapest form of entertainment available for humanity and a key factor in preventing revived addicts from going back into addiction.

Taking into consideration the trainings received in worldview, the length of the treatment and becoming familiar with sporting arenas and meeting healthy athletes, this is a solid foundation for the addicts to rely on. He or she becomes familiar with a new world and gradually leaves behind the old one and with it, the old addict friends and places.



This happens in a smooth transition and it goes to an extent that he or she wonders to himself or herself “why did I ever have such friends and visit such places?” He or she realizes that it wasn’t him or her; that it was the drugs which made him or her go there and interact with those individuals.

When someone wants to introduce himself in a meeting in Alcoholics Anonymous, he says: “Hi, my name is John and I’m an alcoholic. I’ve been sober 6 for months now.”

In Congress 60, we say: “Hi, I’m John, a traveler; sporting field is rugby, the name of the guide, Johnson, treatment method DST, revival period 6 months.” This goes to show the importance of sports in our NGO; it becomes a part of one’s identity.

**William White:** How has the participation of members of Congress 60 in public athletic events influenced public perceptions and attitudes toward addiction recovery in Iran?

**Hossein Dezhakam:** When addicts enter the treatment process in Congress 60, they usually want to remain anonymous, and we also require no proof of identity from them. There are no limitations here, and everyone is free to hide or reveal their identity. However, an atmosphere of confidence has been created over the years where all the cured individuals are eager to reveal their identities to the public. They have no fear appearing in front of TV cameras and are eager to share their message of revival from drug addiction, talk about their personal experience, and challenge the false methods of treatments.

This movement has attracted the attention of reporters and TV producers towards Congress 60. Naturally, this coverage is more intensified in sports arenas where yesterday’s hardcore addicts are the healthy champions of today. This is very surprising for people and officials, and they wonder how this transformation took place. I believe that when an addict reaches a stage of perfect cure from addiction, which includes a healthy physical and mental balance together with a

confident recovery, they should take advantage of powerful forms of media to convey the promise of redemption from confinements of addiction. Instead of sharing their views with a small number of people in the meetings, they would reach a much greater audience of millions, including officials and experts. If they remain hidden, issues and obstacles that all addicts face, the right approach to treatment and recovery remains hidden and the addict's achievements go unnoticed in the public eye. This is why, unlike much progress in finding cures for other diseases, there has not been the required advancement in addiction treatment plus the chaos of mismanagements in the clinics operating in the field.

Therefore, sporting arenas and championship standings are thus far the most profitable places for treatment and recovery of drug addiction along with being the means of distributing the right information. When in a sporting event, say rugby for example, a group of ex-hardcore addicts compete against other provinces and players who have never used drugs, and sometimes even win, people are amazed. When national teams organize friendly matches with our teams or Congress 60 archery teams and bodybuilders compete in national leagues, there are incredible results achieved. When our champions on the medal podium announce that they were once a drug addict or inform the public of the proper approaches towards addiction, tremendous steps forward have been gained. Sports enjoy an organized system within Congress 60 due to worldview trainings, mental and physical balance, and adaptation of proper social conducts. A lot of local famous athletes visit our sporting competitions and become vocal in advocating our cause.

## **Recovery and the Arts**

**William White:** Sports is just one of the arenas of recovery support in Congress 60. Could you describe a few examples of the role of the arts in Congress 60?

**Hossein Dezhakam:** We believe that besides the issues of treatment, recovery, and worldview, it is important that all individuals have meaningful activities—something that awakens their inner talents. Therefore, the arts are a fundamental aspect in our therapy. The power of sound and image assist words in our work. For example, theater and plays have played an instrumental role in our recovery process. We have been able to illustrate through the use of this media the obstacles regarding treatment and recovery for ourselves, society, and government officials. We have also been able to challenge the mainstream views of addiction while presenting its proper solution. Actors who have been cured in Congress 60 have performed in venues, including our branches, streets, and prestigious halls across the country. We also have training materials for acting in our educational package for newcomers.

Another example of the use of the arts in recovery is our view on the role of music in recovery. We use specific songs and musical pieces composed by our members for special ceremonies. Song and music illustrate different stages of the recovery journey and celebrate recovery progress. We have various bands within Congress 60 that perform different kinds of music for these occasions.



## **Recovery Advocacy and Family**

**William White:** Recovery advocacy can be a drain personally and on the family. How does your family feel about all of the time Congress 60 demands of you?

**Hossein Dezhakam:** All the members of my family are active in Congress 60; my wife is the supervisor of the family department. My son (Amin), who is studying for his Masters in physics, is the supervisor of the worldview department. My eldest daughter (Ani), who holds a degree in biology, is the coach for the Congress 60 archery team and is the number one seed in archery in Tehran; she is also a guide for the families. My other daughter (Shani), who is studying arts in the university, is in charge of arts in Congress 60 and also a guide for the families. It is as if we live with Congress 60, and we see it as a joyous occasion.

## **Final Reflections**

**William White:** Are there any final words you would like to extend to our readers about Congress 60 and your life's work?

**Hossein Dezhakam:** Congress 60 is a place where we conduct research about drug addiction and human nature and offer a hand to assist our fellow human beings. Its doors are always open to all people, and to international researchers, we extend our warmest welcomes.

Now that I look back on my life, I can see that I can divide it into three parts. The first part was spent in relative comfort and peace growing up, schooling, and work. The middle part was spent fighting the dark world, learning and coming into light. I'm currently in the third part, which I'm enjoying blissfully, and I'm doing my best to help more individuals come out of the darkness of addiction. I'm having a good life next to my warm family and good friends.

My dear colleague William, I'm pleased to have met you and established a wonderful collaboration with you. Although we are miles away, I appreciate your love, dedication, and honesty in serving others. And I thank you for opening a new door to me, a door to a vastness of our universe. Be as young and green as the valleys.

Those interested in more information may visit [www.congress60.org](http://www.congress60.org) or email me at [hosseindezhakam@yahoo.com](mailto:hosseindezhakam@yahoo.com).

**William White:** Mr. Dezhakam, thank you for your willingness to share your experience and the work of Congress 60 with recovery advocates from around the world.



Thanksgiving ceremony for guides and assistant guides

**Acknowledgement:** We would like to thank Saeed Moeini for the skilled translations that made this interview possible.

# 7

## **Medical Experts are not Familiar with the Basics of Addiction**

### **Interview with Hossein Dezhakam**

As a former addict and out of experience I would like to mention that: Any type of addiction is 100 % curable. Advertisements, media and public beliefs would associate addiction treatment with power of will. However, today's knowledge presents that addiction has variety of aspects and is not confined to will. To think withdrawal requires only willpower resembles closely to believe one could climb a very high tower or rise a 400 kilograms weight using only his willpower. While the curbing activities has failed in our country and due to that juveniles are using narcotics more and more, the NGO's has pivotal role in solving this situation.

Congress 60 has played a unique role in transferring awareness regarding addiction to society. Apart from the addiction knowledge, Congress 60 has created new terms for this field. Addiction treatment field has been a profitable area for profiteers ever since but due to activities of Congress 60 the false promises to cure addiction in short time is fading. Hossein Dezhakam is a very notable character in addiction treatment field. He claims that addiction process is reversible if a proper method is used. He absolutely believes in his treatment method. He has created a novel method for addiction treatment indeed.

Hossein Dezhakam was born in Arg area located at Kerman city. He is graduated from electronics field – Elmo Sanat University.

He has written several papers and books such as: Anti- detoxification, Addiction hypothesis, what families must know, Addiction treatment and proper methods, crossing the 60 degrees below zero zone, Blissful state, 14 valleys to recovery and etc. What comes is the interview of Safir Salamat (Health ambassador magazine) with Hossein Dezhakam.

**Safir Salamat:** I think the best question to start our interview is to ask; what is addiction and who is a drug abuser according to Hossein Dezhakam?

**Hossein Dezhakam:** Addiction is a general term. Let's make it limited for our purpose; addiction in field of narcotics is equal to substitution which occurs in three aspects of physics (body), psyche, and worldview. Regarding physiology, the external narcotics replace the natural opioids. And the same principle happens to worldview, in other words, destructive thoughts replace the healthy attitude of the person.

**Safir Salamat:** Why addiction is considered as an illness?

**Hossein Dezhakam:** To address this question initially we must have a clear definition of illness. Imbalanced body and psyche is referred as illness. For instance: whenever the chemical components of blood are declined some sort of blood related disease will appear. Therefore, addiction is a multi-dimensional illness.

Addiction is not like a kidney problem or depression. In addiction physiology, psyche and worldview are sick at the same time.

**Safir Salamat:** Our thoughts? Become sick?!

**Hossein Dezhakam:** Indeed. Nihilism is a sickness of thoughts. Or even when someone is constantly thinking about how to hurt others and he plans for it then his thoughts are sick.

**Safir Salamat:** Common folks use withdrawal term regarding addiction but Congress 60 is utilizing addiction cure (treatment). Could you please explain the difference?

**Hossein Dezhakam:** Withdrawal is a term used by illiterates! They are not familiar with the true nature of addiction! An addict who has balanced his physiology and his thoughts via a proper method of treatment during effective time is a cured one. While, an addict who has stopped taking drugs suddenly enforced a physiological shock on his body, and he is exposed to many other harms.

**Safir Salamat:** We have many drug abusers in our society who crave treatment, and unfortunately, they are being steered toward unrealistic methods. Why is this happening?

**Hossein Dezhakam:** When a subject is obscure to people then it is normal to have treatment profiteers! It is like addicts are caught between two choices. One is illegal market of narcotics which takes their money and sells misery to them. And the second choice appears when they decide to get rid of addiction, and, they get caught in wrong treatment methods net! Methods like: Compulsory withdrawal, URD, UROD, acupuncture treatment, and etc. These methods steer them toward destruction. In other words, they are out of frying pan into the fire! The reason is that they are not familiar with addiction treatment hypothesis. When a drug abuser learns a simple fact, which is "to achieve addiction treatment one must regain balance to body, and this process takes about 10 months". Then he will never get caught in false short-term treatments net!

**Safir Salamat:** Drug abusers are categorized by type of drugs; do you have a unique method of categorizing them within Congress 60?



**Hossein Dezhakam:** From Congress 60's point of view drug abusers falls into three groups: 1) addiction candidates, 2) addiction lovers, and 3) addiction quitters. I have another point of view as well. People who are addicted fall into two groups: 1) toxic addicts (Those who are using meth and they will get engaged with madness and crime. They will hurt others as well as themselves.) and 2) non-toxic addicts (Those who are doing drugs other than meth and they mostly hurt themselves.)

**Safir Salamat:** Abusing meth has dramatically increased since few years ago. People believe since there is no morphine in meth then it is not addictive! If I can recall well you warned governments about a meth tsunami years ago, did they take it seriously?

**Hossein Dezhakam:** Meth abusers are a danger to society since they become violent eventually. About 7 years ago I warned society about this increment but it was not taken seriously. Recently a TV show is created to warn people about destructive effect of meth. If one uses meth for the first time, he will not instantly turn into an addict, however, he has taken the first step toward addiction darkness. It has been claimed that meth is a stimulant therefore it is not addictive! I would like to say it is neither stimulant nor addictive! It is destructive! Like an atomic bomb!

**Safir Salamat:** Is there a certain cure or treatment for all types of narcotics?

**Hossein Dezhakam:** A 100 percent! Treatment requires time and proper medicine. Although non-medical withdrawal is possible but it does not produce wellness and recovery. The DST method of Congress 60 is fully capable of curing any type of addiction.

**Safir Salamat:** Would you please brief us about the DST method?

**Hossein Dezhakam:** DST is composed of two sections.

Initially, a trained guide of Congress 60 estimates the appropriate medicine dosage. And then each 21 days according to coefficient of 0.8 the tapering process takes place. The process continues until zero amount of usage and, it takes about 11 months. During the 11 months of treatment the worldview is being taught to the traveler.

**Safir Salamt:** What is the standard medicine for treatment?

**Hossein Dezhakam:** Congress 60 believes in OT or opium tincture.

**Safir Salamt:** How interesting! The famous destructive drug has turned into the best medicine!

**Hossein Dezhakam:** Yes, human beings had access to opium for thousands of years. Unfortunately, it has been misused!

Mankind betrayed opium! That is why opium is out of medical procedures now. I do believe that opium can be used in variety of treatments and it will lead us to tremendous results. Opium components like morphine and codeine are being used these days. But opium itself has more than 25 alkaloids, and I believe it is a complete medicine created by God. God has never created a medicine more powerful, more efficient, and even more dangerous than opium!

Thus, DST method believes opium or OT is capable of curing not even addiction but also many incurable diseases if we utilize a proper method.

**Safir Salamat:** Could you please brief us about OT?

**Hossein Dezhakam:** This medicine (OT) was tested by addiction center studies of Iran and Congress 60. The results were amazing and then health minister ordered the related organizations to enter this medicine into treatment centers. Opium components or alkaloids

resemble closely to opioid like substances that body produces (natural opioids of the body), and that is why OT is a perfect medicine to regain balance of the body.

**Safir Salamat:** Is DST method efficient in curing rare diseases?

**Hossein Dezhakam:** Yes, but first we must conduct a protocol between Congress 60 and a medical team to achieve this goal. Congress 60 is working on curing ulcerative colitis with OT these days and a tremendous result is achieved.

**Safir Salamat:** We are the witnesses to how Congress 60 is changing the society's attitude toward addiction. Congress 60 believes addiction is curable. How the world is looking at addiction? What do they believe?

**Hossein Dezhakam:** First, allow me to mention that changing the society's attitude regarding addiction has been done by Congress 60 and other NGOs and organizations simultaneously. Perhaps it sounds extreme or even selfish. Let me express these words not as Dezhakam but as a former addict who lived 40 years in addiction darkness. The scientific society has not presented a good definition of addiction yet! To define scientifically differs from clothing your definition with scientific terms!

First, we must learn addiction physiologically not psychologically. What is addiction regarding physiology?! They have a definition in this section. Addiction has been defined as a chronic poisoning! This definition is false indeed! Experts have been performing detoxification for many years now. So, tell me, why there are no certain results in detoxification? Why do the people with addiction history relapse after this procedure?

Scientific world has not reached even initiative regarding addiction, in other words, they are not even familiar with basics of

addiction treatment. I have expressed all these as a former addict, because my addicted friends and I know that their promises are false. It applies to even the greatest scientific centers of addiction treatment.

**Safir Salamat:** Why do you think medical society is so behind regarding addiction treatment?

**Hossein Dezhakam:** For two reasons. First, they believe addiction is not curable, and second the harm reduction approaches. According to this hypothesis; progressive and incurable illnesses like addiction must be controlled during the life span with a proper medicine. When it is said addiction is incurable it indicates they have not found a cure! That is why harm reduction is proposed! I strongly believe addiction is curable.

**Safir Salamat:** So all in all, today the world knows addiction as an illness but an incurable one like cancer!

**Hossein Dezhakam:** Yes. Do not assume that medical science is merely an experimental science. It requires scientific data and information. When a physician wants to propose a diagnosis he requires his patient to do series of tests, which is why he refers him to a laboratory. And addiction is an illness so tell me which part of the patient's body requires medical interventions? The medical society proposed an obscure definition regarding this matter. They say all the systems of addict's body require attention. I have expressed exactly which part requires treatment. The biochemical balance of his brain is disrupted. Biochemical substances like Dynorphin, Endorphin, Enkephalin, Dopamine, and etc. So, the problem is clear now, and we can solve it. All the physical and psychological functions like sleeping, sexual relations, and other emotions like agony, fear, joy, love, etc. are based on biochemical status of brain, and in turn, biochemical status of brain is being dictated by neurotransmitters. This system is called the X system within Congress 60.

All the narcotics and alcoholic drinks can hurt the X system and that's why we call them Anti X. The Anti-X matter will replace the X within body given time. Take Dopamine for instance: balanced dopamine within body will result in joy. Highly increased dopamine creates schizophrenia, and dramatically decrement of dopamine creates Parkinson disease.

I do believe in this case that Anti-X has replaced the X within body; if we cut the Anti-X or withdraw the person can't function properly. That is why Congress 60 believes detoxification is not effective. For instance: a city has been bombarded for a decade and now we stop bombing the city. Is our city repaired now? Never! A drug abuser has bombarded his body with narcotics as well. When he withdraws it is like stop bombing the body however, the body is not repaired now. Therefore, to achieve addiction cure one must rebuild his X system which requires a year under DST method. We can't perform harm reduction nor addiction treatment unless we know the addiction treatment hypothesis.

**Safir Salamat:** You were successful in discovering addiction treatment and a cure to addiction based on experience and research. How was the medical society's reaction to this discovery?

**Hossein Dezhakam:** It is interesting that my hypothesis was in front of their eyes all the time! I mean, they knew all about the biochemistry of brain and neurotransmitters but they couldn't connect them with addiction!

**Safir Salamat:** It is easy to be wise after the event!

**Hossein Dezhakam:** I have spoken with many physicians and they all understand the X theory. I mean our method is based on scientific findings.

**Safir Salamat:** Now that you have found the proper method to achieve certain addiction treatment, have you had any cooperation proposal to spread this knowledge?

**Hossein Dezhakam:** Yes. Many clinics are working with Congress 60. We have about 10,000 individuals on OT project. The addiction treatment experts are amazed by the quality of our treatment since Congress 60's treatment completion marks a point in which the traveler has no craving, no temptation and he is healthy.

**Safir Salamat:** Do other organizations like health ministry, drug control headquarters, and media are aware of Congress 60? Do they support you?

**Hossein Dezhakam:** Yes, we couldn't work if it wasn't for their help and support. Fortunately, drug control headquarters, media (TV3, and radio stations), sport federations (Rugby, archery, wrestling, swimming and etc.) are cooperating well with Congress 60. Health ministry acknowledged Congress 60 as well. Iran's national drug research center is cooperation with Congress 60 on some projects. We are accepting PhD students for their dissertation purposes. You can't find any better cooperation between an NGO and governmental organization in any part of the globe. The prevailing idea in other countries is that physicians and NGOs are divided. They believe in medical assisted treatment and medical absence treatment.

**Safir Salamat:** We can't confine an invention to geographical borders, drug abusers all around the globe are in need of this novel method. Have you done anything to spread the knowledge of Congress 60?

**Hossein Dezhakam:** Yes. "Crossing the zone 60 degrees below zero" has been translated to English, and is posted on our website. Other

publications of Congress 60 like “blissful state”, “love 14 valleys to recovery”, and worldview are translated to English as well. These translated materials are reachable via [williamwhitepapers.com](http://williamwhitepapers.com).

**Safir Salamat:** Have you been invited to any international seminars or meetings?

**Hossein Dezhakam:** I have accepted some of the invitations but mostly I was waiting for Congress 60 to grow within Iran borders first. I have done some interviews with American experts.

**Safir Salamat:** Have you ever received a report that an individual used the DST method abroad successfully?

**Hossein Dezhakam:** I have not. I have recently received a letter from my American friend, William L. White and he mentioned that Congress 60’s methods are spreading in west. He is a well-known addiction treatment researcher ([WWW.williamwhitepapers.com](http://WWW.williamwhitepapers.com))

**Safir Salamat:** How is the status of your website viewers? Can you share any statistics with our readers?

**Hossein Dezhakam:** Yes. We have more than 30,000 viewers daily. Half of these viewers are foreigners, and 10% of it is from the U.S.

**Safir Salamat:** Why don’t you launch more branches across the country?

**Hossein Dezhakam:** The quality of our work outweighs the quantity. We must be able to supervise all of the branches, and we must have enough trained guides for them. The number of newcomers has greatly increased; however, we don’t have the necessary means to accept all of them.

What I said doesn't mean that the way of addiction treatment is blocked. Never! Those who are living in far provinces can use the social media to be in touch with guides and pursue their treatment. Congress 60 bears two major responsibilities: First to treat those who come to us, and second to transfer our knowledge, and to tell others that now there is a way to achieve addiction cure

**Safir Salamat:** How many branches do you have across the country?

**Hossein Dezhakam:** We have about 47 branches. More than 50000 travelers and their families are attending Congress 60 sessions.

**Safir Salamat:** You have searched for a proper method for years, have you ever been frustrated along this way? What was your motivation?

**Hossein Dezhakam:** Even in the darkest hours of our lives we can find a force to push us forward. Holy Quran says that "Allah is swift in accounts" which means God responds very fast, therefore if an individual takes a step-in righteous path, he will become happy and receives energy right away. Like watching a football match! If your favorite team scores you will feel joy, and if they concede a goal you lose energy!

**Safir Salamat:** What happened when you realized that tapering doses in steps of 21 days actually works? Was it like a new door to you?

**Hossein Dezhakam:** If I had thought about it before then your question was right. But I didn't plan to find a method. I just wanted to decrease my Opium usage and I was led to addiction treatment.

**Safir Salamat:** In your book "Crossing the 60 degree below zero zone" masters are mentioned (Raad, Sardar, etc.) who are these people?



**Hossein Dezhakam:** Existence is based on pupil and master principle. I had masters like other people on this planet.

**Safir Salamat:** What was your biggest obstacle in regards of extending Congress 60?

**Hossein Dezhakam:** No obstacles. The obstacles in this road weren't tangible. I am expressing this from bottom of my heart. Several organizations are insisting on offering financial support to Congress 60. For instance, a European financial organization offered a total amount of 400,000 Euros that I didn't accept.

**Safir Salamat:** What is the reason behind rejecting financial supports of others? Are you financially gifted? Or is it for sake of political reasons?

**Dezhakam:** We are financially independent. We have never confronted any financial problems.

**Safir Salamat:** So, if you face severe financial problem would you accept support?

**Hossein Dezhakam:** Yes. But we really don't need any help.

And what was in its own possession  
It asked from strangers, constantly;  
Begging the pearl that's slipped its shell  
From lost souls wandering by the sea.

Be aware! The highest rate of expertise, arts, talents and even money rests in society of addicts! Perhaps common folks believe that addicts are mostly homeless and dirty people. These types of addicts are at most 3 % of those addicted. Don't assume that I am a wise guy or a capable manager. Congress 60 is successful for two reasons:

First: If the teachings are derived of love, A runaway kid goes to school even on holidays! And second: Those who enter Congress 60 find their answer! In other words, we are capable of curing addiction. Thus, they are prepared to serve the place which has returned wellness to them. We have been able to buy variety of lands and buildings based on the support of our members.

**Safir Salamat:** How do you manage your expenses since Congress 60 services are free?

**Hossein Dezhakam:** In every session there is something like a basket which goes hand to hand and every member puts money in it if he wishes so. We don't accept any monetary help of any organization. The treatment process within Congress 60 is free, however every member pays back buy serving others. No one receives any salary at Congress 60. More than 1000 guides are active in Congress 60.

**Safir Salamat:** It is considered as a great opportunity for a member to be at Congress 60.

**Hossein Dezhakam:** Yes, it is. Addiction is considered as a progressive, mysterious, and incurable illness throughout the world. To relapse after treatment is normal according to experts. We at Congress 60 strongly believe that if treatment is performed then chance of relapse is approximately zero. We have proved this claim with our outcomes. Those who receive treatment at Congress 60 are like university graduates. Therefore, each member has one chance. If a member relapses after treatment and he desires to undergo treatment for the second time he must pay his expenses.

**Safir Salamat:** Do you have anything to say to family members of an addict?

**Hossein Dezhakam:** Families must know that every cloud has a silver lining. They must believe in treatment and find a proper method. Drug abusers must know that a 100% certain treatment exist now. But they must know treatment takes time and they must be willing to complete this process.

**Safir Salamat:** What do you say to those who are tired of addiction? What must they do?

**Hossein Dezhakam:** Initially they must be aware of the time and dose of their usage. How much they use? How many times a day? If they are using multiple drugs they better change it to one, preferably opium.

**Safir Salamat:** Any final words?

**Hossein Dezhakam:** Remember that human being is an invaluable creature. Value him! Good, bad, beautiful or ugly they are all created by God. They have not been created in vain. Each traveler reaching redemption that is the most joyful moment of my life which is not comparable to anything else.

## 8

### **Congress 60, A Pioneer of Addiction Treatment (Irna News Interview with Hossein Dezhakam)**

We have spoken about addiction a bunch; however, what has been missing are the efforts of activists of this field. Human revivification society of Congress 60 is one of the NGOs regarding this matter. Tendency of our youth toward addiction has put families and public figures on alert. Now more than anytime we require proper methods to solve this issue. Alongside dignitaries and government some other organizations are trying to help in addiction treatment field, and Congress 60 is one of these organizations.

Congress 60 was founded by Hossein Dezhakam. Congress 60 has turned into one of the most successful NGOs of addiction treatment over the past years, and thousands of addicted individuals have found their redemption via Congress 60. Congress 60 is comprised of many branches and their main office which is called “Academy” is located at the south Sohrevardi street in Tehran. Congress 60 is financially independent.

The treatment model of Congress 60 is defined as decelerating doses of reparative medicine, and all this process which takes 10 to 12 months is free of charge.

What follow is the exclusive interview of Irna news with Hossein Dezhakam founder of Congress 60.

Hossein Dezhakam was born in 1949, and graduated from Elm-o Sanaat University in electronics engineering field. He started vast researches to produce electronic eyes in order to prevent occupational hazards started in 1980. After 3 years his hard work produced great

results and the first electronic eye factory of Iran was established in Iranshahr of Sistan Balochestan province.

Hossein Dezhakam started using opium in 1979. He was a hardcore addict for almost 12 years. He tried to quit addiction many times and failed. He defines the reason behind addiction withdrawal failures as dysfunctionality of natural opioids which exists within body. Dezhakam was interested in spirituality, psychology, history and, philosophy as well. He started his readings and researches in order to find a way out of addiction darkness.

At last, in 1997, he found addiction cure. You can reach his knowledge at “Crossing the 60 degree below zero zone”. He decided to transfer his learnings to others who had experienced addiction as well as their families. Therefore, human revivification society (Congress 60) was established in 1998. What follows is an interview between Irna and the founder of Congress 60.

**Irna:** What is the percentage of youth among newcomers of Congress 60? Do you have any records about the percentage of those who started using narcotics during university period in accommodation services?

**Hossein Dezhakam:** There are a lot of youth among our newcomers, but there is no exact statistics about those who started using narcotics in university period. Perhaps it is interesting that about 30 years ago addiction started for me in accommodation services provided by university.

**Irna:** What drove you toward addiction in those days?

**Hossein Dezhakam:** Addiction starts for variety of reasons, however, my addiction started out of curiosity. I just wanted to be accepted by my peers.

**Irna:** Do you think this reason still exists among youth?

**Hossein Dezhakam:** I believe today the most important reason is lack of places and activities to fill the leisure time of students. What must they do in their leisure time? Is it rational to expect them to always study at their free time? It has been said that “you must keep your ego busy otherwise your ego will keep you busy”. We all expect students to study hard, keep a healthy life going, and graduate with tremendous results. But do we pay attention to their free time as well?

**Irna:** Mr. Dezhakam, we have received reports that drug use among university students has risen dramatically. The worst news is that they believe doing drugs is just going to last during the university period and, after that they can easily withdraw.

**Hossein Dezhakam:** It is said that “One rotten apple spoils the whole barrel”. One drug user in a university accommodation, willingly or unwillingly starts attracting others toward him. Unfortunately, a very important point has been neglected which is that narcotics are very attractive. Many believe that youngsters start doing drugs for no reason at all. However, the attractiveness of drugs is what drags them.

**Irna:** Would you please enlighten us about the attractiveness of doing drugs?

**Hossein Dezhakam:** A study shows that pedestrians mostly tend to cross underpass rather than overpass. One reason for this phenomenon is that in the first case initially the easy part which is going down is experienced! The attractiveness of narcotics resembles closely to this example.

One of the charms of narcotics is the doping quality of them. Doing drugs will enable you to work with your laptop for long hours, it can increase your self-confidence, it can keep you awake and sharp to study, or it can help you with music and, even in some cases it can inspire or motivate people. While being benefited of these charms it is impossible to think about the misery which will follow in near future!

The Devil always works beautifully and he is cunning. Narcotics mesmerize the drug users....

**Irna:** Are these attractions justifying drug abuse wholly?

**Hossein Dezhakam:** No, What I have always called attention to is that addiction is like a seed which requires fertilizer to grow. The environment to grow this seed is fully available not only at university accommodations but also all around our country. We must think of doable solutions to support our youth.

**Irna:** Who must do that?

**Hossein Dezhakam:** Everyone; Ministry of sports, Ministry of youth, Television. etc. The entrance prices for games are too high for most of young adults. All the sport complexes are at private section disposal. The ministry of youth sports must provide appropriate areas for young adults to play. This is a wrong belief that only police must fight against drugs.

**Irna:** Any comments about the role of universities?

**Hossein Dezhakam:** To discuss their role we must ask a few simple questions of them. Do they provide swimming pool, sport complexes and, other facilities for students? Are the prices of camps reasonable? Is the price of education reasonable? If we are to go against the charms of narcotics, we must come up with something better than playing chess and hiking!

**Irna:** Given that we achieve all that is it possible to rotten the root of addiction within country?

**Hossein Dezhakam:** Never! To curb addiction means that if we have 2000 addicts now, we can keep this statistic. However, these days we are incapable of doing that. The growth speed of addiction outweighs

our resources. We do need to start a new phase and, we must start creating fields like psychology of addiction, and we need to establish addiction treatment universities. Our statistics indicates that currently we have about 2 million addicted people within the country. It is said that about 1 million and three hundred thousand of them are hardcore addicts and, about 700 thousand are using for fun!

**Irna:** Do you think these statistical reports are accurate?

**Hossein Dezhakam:** It is about 10 years that the same reports are being presented! Even if we assume that we are not facing any growth in number of addicts, we must know that those who dabbled in addiction are at risk for addiction! Let me tell you that categorizing drug users as permanent users and those who dabble in addiction is completely wrong!

**Irna:** So, in your opinion those who do drugs time to time will become hardcore addicts eventually?

**Hossein Dezhakam:** There is no such thing as doing drugs for fun. I call them addiction fiancé and, they will marry addiction in time! Those who are doing drugs for 20 years and, still they claim they are enjoying it and, they can stop whenever they desire; they are just fooling themselves.

**Irna:** What other approaches may support us in this path?

**Hossein Dezhakam:** We must strengthen the related NGOs. When 20 individuals are hurt in a car accident ambulance can handle this situation. What if we are required to help 20 million individuals?! Are ambulances sufficient? NGOs are like personal cars in this case and, they can transfer injured people to hospitals. Addiction issue has evolved to a stage all around the globe in which governments are in need of help to address it. Therefore, NGOs must aid governments and in turn regimes must support NGOs.



**Irna:** When you say regimes should support NGOs do you mean financial supports?

**Hossein Dezhakam:** I don't approve financial supports. These organizations are formed to aid government not to receive financial supports. Government support for them could be activity permission or, perhaps the new launched NGOs could be provided with a building to establish their activities but, financial support can easily alter the goal of these NGOs.

**Irna:** Have you as Congress 60 received such supports?

**Hossein Dezhakam:** We have been supported spiritually. As I mentioned before I am against financial supports in this field.

**Irna:** Given the current situation don't you think we require more capital in terms of money to fight against drugs?

**Hossein Dezhakam:** No! Maybe you don't agree with me but I believe financial support can do more harms than helping us. Providing a place to start activities is the best kind of support that government can do. Our problem is not financial; we must abandon the notion that all the drug users are homeless and poor! I do believe that less than 2 percent of addicted drug users are living on the streets while the rest are respected society members who have families and jobs. If people realize that NGOs are helping them honestly, then they will volunteer to participate and support NGOs.

Another issue that I would like to point out is we must know there is a huge difference between addiction withdrawal and, addiction treatment. Three stages can be considered for addiction which is happening. First is withdrawal, second is treatment which is a lot better than withdrawal and, the best level is balance. Without reaching balance stage, relapse is unavoidable. Treatment takes about one year and it ends with reaching balance stage.

**Irna:** According to what you said there are addicted individuals among politicians, musicians and, even athletes. These people are trying to stay anonymous. Do you think it will help others if they step up? What are the chances that society rejects them?

**Hossein Dezhakam:** I believe society will embrace them if they honestly use the true treatment method and, reach balance stage of course. Drug users shouldn't be afraid of society.

**Irna:** Are those who completed treatment within Congress 60 accepted by society?

**Hossein Dezhakam:** Yes indeed. When family members and friends witness the recovery promise was not false, then they will embrace them surely. I always encourage our members to be honest about their recovery journey even if they are going to marry. Those who complete treatment period within Congress 60 will transfer into honorable society members.

**Irna:** So, you believe we can change society attitude?

**Hossein Dezhakam:** Undoubtedly! To go to a war and have no casualties is meaningless however, courage will change the battlefield. When a well-known person reaches out and asks for help to recover, this is courage and, he will be accepted and supported. Some will act with hatred toward them, of course, but most of people will support them.

**Irna:** What is the responsibility of families? How can they help their dear ones?

**Hossein Dezhakam:** Families must be educated regarding this issue otherwise; they won't be able to help. To learn a new art, a new language, and any other new ability hours of education and efforts are required and, addiction is no exception.

**Irna:** Any last words?

**Hossein Dezhakam:** People who are addicted to drugs must remember to move toward recovery with honesty. Society will accept you all.

Interview by Atie Mir- GharahCholo

# 9

## Addiction Engineering

**Hossein Dezhakam**

**Purpose:** Integrating calculation and scales into addiction treatment in order to regulate the drug dosage and to find the most suitable usage hours.

**Introduction:** As a result of relatively long cooperation with addiction treatment specialists and witnessing the people who are being treated (Methadone and OT treatment), I have observed that there is no scientific, logical, or computational relationship between amount of drug used during addiction and the prescribed drug dosage for treatment. (Whether as maintenance or to achieve certain treatment). Eventually I have come to the conclusion that using simple calculations in addiction treatment field--to measure the amount of drug would be effective. I have mentioned a few determinative and important points in this brief article.

**Research Method:** My research method drives from impression of 35 years of experience: 20 years of my life which I lived as an addict and the other 15 years of my experience in addiction treatment field (Human revivification society of Congress 60). After publishing "Crossing the 60 degrees below zero zone" which is in its 18<sup>th</sup> edition now, I have designed and field tested the D.S.T. method with opium or OT (Opium Tincture). Fortunately, more than 20,000 people addicted to narcotics have been treated with above-mentioned method and they have reached the certain cure of addiction. At this time, with collaboration of this field's specialists (physicians, Psychiatrists, psychologists, etc.), more than 7,000 addicted patients are being treated with the D.S.T method, and this number is increasing every day.

**Research Findings:** It was written above the door of stamping ground of a philosopher (Plato) that: “Let no one ignorant of geometry enter”

I have come to this inescapable conclusion that geometry has a fundamental role in all the aspects of our lives. My perception of geometry is this: Reckon, scheduling, income and expenditure, prevision, implementing a scientific task, sensible talking. Whoever knows geometry and works with geometry rules is called an engineer. No one can cast a shadow of doubt on the fact that engineering has integrated into various scientific fields: industrial engineering, construction, chemistry, medical, genetics, agriculture and many others. It is like geometry has shed light on the science and technology field and brightened them. Maybe we could put an end to the wandering of addicted people, which has been going on from the ancient times up to now, if we let geometry or engineering enter the addiction treatment science. Maybe the public belief is that we are not wandering in addiction treatment field and everything is enlightened for us scientifically. But I do believe we are at the inception of understanding and treatment of addiction.

My point will be proved if we take a brief look at the addiction treatment statistics and if we let the geometry merge into this field. For instance, we have a sack of sugar but we have no weighing device. In this situation, one might say the weight is 20 Kilo other might say 25 or someone else might assume 30 Kilos. Which one is correct?! Obviously we can't be sure. Maybe in order to repel a quarrel among them it is better to say they are all right! All the methods for addiction treatment are good! This happens for lack of a scientific criterion. But when the measurement or geometry is integrated into this field; science and truth will emerge. The sack of sugar is on the weighing device now and everyone will accept the true weight without argument.

For measurement and treatment of addiction we must pay attention to:

1. Satiation
2. Compatibility
3. Nutrition

**Satiation:** Satiation is a term used in Chemistry and is relevant to our work. From our point of view satiation means enough, it means capacity is full or no more acceptance capacity. Consider a glass of water that we start to dissolve sugar in it little by little. We will reach a point in which we can't dissolve any more sugar into it or the water can't accept any more sugar; this point is called the satiation point. Or consider an empty glass that we can pour certain amount of water into it. What is the connection between satiation point and addiction? Most of the drug users are in the satiation point or even they are passed this peak and are using several drugs and narcotics simultaneously.

We know that ingesting 1 or 1.5 grams of opium (10-15 cc of OT) has deadly effect on a person who has no habit of using opium. So maybe it can be said that the satiation point of opium consumption is 1 or 1.5 grams (10-15 cc of Opium Tincture). Thus an individual (Addict) who is ingesting more than this amount is in the satiation point as well as someone who is using Amphetamines combined with several pills or other narcotics. On what scientific or logical basis; 30 Methadone pills (150 Milligram pills), 40 cc of Methadone syrup (200 Milligrams) or 60 cc OT (6 grams of opium) is prescribed for treatment of a drug abuser?! It is said by professionals of this field that 20 Milligrams of Methadone is equal to 100 Milligrams of Morphine.

20 Mil (Methadone) = 100 Mil (Morphine)

Now in order to shed light on the subject I shall bring up these questions and answer them briefly.

Question: How is the equalization between 1 Gram of Opium (ingesting) and Morphine and Methadone?

Answer: 1 Gram of ingesting Opium is equal to 100 Milligrams of Morphine and 20 Milligrams Methadone (20 milligrams methadone).

Question: How is the equalization of 1 Gram of Opium (smoking) and Morphine and Methadone?

Answer: It is equal to 25 Milligrams of Morphine and 5 Milligrams of Methadone (1 pill).

According to above mentioned contents; it is obvious that we are at the satiation point in prescribed addiction treatment. This subject must be studied and discussed.

**Compatibility:** The compatibility phenomenon is the duration and process in which one kind of narcotic substance can replace another narcotic substance. During this period the body's metabolism and physiology prepare themselves to receive the new drug. Years ago when I was an opium abuser one day I received half a kilo of burnt opium sap with reasonable price and I was so delighted. For during of 3 or 4 months I used burnt opium sap instead of opium. One day it was finished and thus I started to ingest opium as before. But I found out that no matter how much opium I ingest yet I feel withdrawal symptoms. Those days passed rigorously. It took 2 months for my body to regain compatibility with opium as before! That day I realized each narcotics substance needs a specified period of time to become compatible with the body.

In the D.S.T method, we have asked those who smoked opium to ingest it. (Ingesting opium is equal to 1/5 smoking opium). In this condition, we have witnessed that people are not reaching the appropriate balance and they are having the withdrawal symptoms.

They were right! Smoking opium effects are less than ingesting it because in the smoking opium the alkaloids of opium are absorbed through mouth and lungs. In the smoking opium even the alkaloids effects are different because of the combustion and heat.

We wanted to increase the amount of ingesting opium in order to make them feel better but it didn't work properly and they experienced other side effects such as constipation. At last I realized that this must be solved through time because of the compatibility phenomenon. This means that the human body needs some time in order to become compatible with the new type of using. Thus, when type of using narcotics is changed (for instance: smoking heroin is changed to injection or sniffing or smoking opium is changed to ingesting opium), a period of 20 up to 60 days is needed for body to become compatible with the new type of using. Now imagine when the type of drug is changed (instead of opium we use OT or instead of heroin we use methadone) this issue (compatibility) becomes more complicated.

**Conclusion:** When the type of drug is changed and OT or Methadone is prescribed instead, body needs a period of 20-60 days to become compatible with the new drug. So, at the beginning of the treatment if we increase the amount of prescribed drug because of the compatibility phenomenon we will put the patient in the satiation point and this won't help the patient.

We must share the compatibility fact with the patient so he won't ask for more drugs and he will understand that he must tolerate some hardships in order to reach the cure. It seems that the primary reason for high prescribed drug dosages in addiction treatment is ignorance about the compatibility fact.

**Drug nutrition:** The best pattern of nutrition is 3 times a day. Let's have look at fasting. We Muslims fast a month each year, and fasting means changing the eating pattern from 3 times a day to two times a day, on the condition of not eating nor drinking between these two times. Those who have fasted know that fasting is tough. Fasting is a kind of worship or purification.



Now how do we expect an addicted drug user who has been using narcotics several times a day to ingest the prescribed drug (OT or methadone) once a day?! I do believe if this is not impossible it is onerous surely. The effectiveness of OT or methadone in body is a period of 7 or 8 hours. Thus, the best drug nutrition must be three times a day or TDS with the 7- or 8-hours intervals. The medicine must be taken exact and on time. At the end, if we expect the addicted patient to trust us, we must trust them as well and give them the medicine to use themselves. If we spend enough time with them, they will trust us in their treatment.

# 10

## The Missing Link of Worldview

### Hossein Dezhakam

After years of experience, I have come to this conclusion: there is a difference between “group therapy” and “treatment of a group”. In group therapy, the spirit of that group is what takes the session forward and, wherever a group of addicted individuals are gathered for recovery purposes, the group therapy is started. Now if the prevailing thoughts of that group are negative, then the group will be steered toward negativity. In this case, the group may solve some problems but other problems will rise. And even if the group spirit is positive, some members could reach withdrawal and that is not what we call treatment.

In case of “treatment of a group” we must clarify the treatment protocol, treatment period, punctuality and order, positions of the group, therapist, counselor, guide etc. The obligations of each member must be defined as well. The leader in charge of the group must be given the authority to guide the treatment toward its purposes.

It was the first days of Congress 60 and I was addressing a session. In a part of my speech I started talking about the creation of the human being. I was saying the human being is created in a way that each person is provided with the will power, thus each has full authority over his or her life. If we are struggling with addiction, we must know it was our own decision.

I started concentrating on participants to see their reactions. I saw that a bunch of people are all ears, some are falling into sleep and, the rest are lost in my speech! I tried to guess what is going on in their

minds? It wasn't so hard since they were all like my past, in other words I could be their future. Some were thinking that we are hungover! Give us something to use instead of this gibberish! He is stoned and now he is talking about the creation! Who cares about that? Some were thinking, eventually we will all die and, our bodies will rotten. While we are alive let us get stoned and enjoy! The truth is what we can see with our eyes, come on man let the creation alone!

Khayam, if drunk with wine you be, rejoice  
If next to lovely maid you sit, rejoice  
Since the world in nothing ends, suppose  
Your life be flown - while it is not, rejoice

I ended my speech and said now I shall answer some questions.

Someone said: forgive me master, but we are here to quit addiction not to become a philosopher! Your words are great, but what it has got to do with addiction? I replied, thank you for speaking frankly! A blind spot of addiction treatment rests here! If you desire to quit addiction, you don't need any of this, but if you are willing to cure your addiction you must become a philosopher! So let me ask a question, do you think addiction is a crime, or is it an illness? Some said it is a crime and others said illness. I replied, crime is some sort of a covenant, illness is not. In other words, a judge may declare a subject legal or illegal but he is not allowed to claim this illness is not an illness! He can't say according to our new law from now on fire will not burn!

Now another question: Tell me, do you think addiction is illness of body or psyche? Some said body and, others psyche. I said: can we say it is both body and psyche? A discussion started among them and, at last they accepted addiction nests within body and psyche.

Once again I said so are we capable of curing such an illness? Some said: addiction is mysterious, incurable and progressive and therefore we can't cure it. Others said addiction is like diabetes and we must curb it. Addiction is not mysterious nor incurable nor progressive,

I said. We can reverse the addiction process with tapering though it is not progressive. Addiction is not mysterious as well since drugs cross the blood-barrier of brain and defects the neurotransmitters. It is not incurable and with utilizing a proper medicine in proper timing we can cure addiction, in other words, we can restore the balance to the neurotransmitters.

Now if can repair body and psyche do you think we have achieved certain treatment? They all said no! What makes you say that, I asked. They said since the mind and thinking of an addicted person needs help as well. I said, you are right. After treatment of body and psyche still one illness remains. What sort of illness? They asked. I said, as you mentioned, the thoughts illness, the missing link of the certain cure which we call worldview. A person addicted to drugs has lost himself based on a wrong attitude and way of thinking. They must change their way of thinking as well. And they can't do that without proper education of worldview.

Would you tell us more about worldview? they said. I said, each game that you play has rules. Take any type of sports as an example. When a simple game has rules that we must obey in order to play and enjoy, then how is it that we think life and living can be fulfilled without laws and rules! Worldview will teach us how to live, how to be in a blissful state, how to live and let live! They said, is this type of worldview confined to addiction? I said, when I was writing the worldview I was only thinking of people seeking recovery from addiction, however, today I believe this knowledge is beneficial to everyone.

How did the 14 valleys come to exist, they asked. What I did regarding "14 valleys to recovery" was not a novel thing. Before my time our elders drew seven steps to quit vices and move toward virtue or values:

1. Desire
2. Affection

3. Knowledge
4. Enrichment
5. Monotheism
6. Awe
7. Transience

Sufism also believes in mortification in order to understand the true nature of soul.

I have written 14 valleys to find thyself or to travel from darkness to light, from fear to courage, from hatred to love and, from dualism to monotheism. These valleys are:

1. All structures begin with contemplation; without contemplation, all that exist will decline.
2. No creature comes into existence without a purpose; none of us are insignificant even if we think of ourselves as that.
3. We should know that nobody is concerned as deeply as a human being for his true self.
4. In vital matters, leaving the responsibility to God means neglecting one's own responsibility.
5. Cognition alone is not the ultimate approach to problem solving in our world. It will be completed with experience and achievement.
6. Wisdom's command, as the commander in chief, should be carried out accordingly.
7. The mystery and secret in discovering the truth lies in two factors: finding the right path and what we derive from it.
8. The path is revealed with progress.
9. Tolerance is built when a force begins at a low level and gradually increases.
10. Human being past attributes don't remain the same because he is constantly changing.

1. All roaring rivers and gushing springs will ultimately reach the sea and ocean.
2. Ultimately, the first command is carried out.
3. The end of each point is the beginning of a new line.
4. Love is the only true existence; all else are empty containers.

# 11

## **The X theory and hypothesis of addiction**

**Hossein Dezhakam**

### **Preface**

I had been a hardcore addict for almost 17 years. I applied many addiction treatment methods but I couldn't cure my addiction. Therefore, I started a new movement. Initially I stopped using alcohol and hash. It was quite easy since I was using a high dosage of opium. Next I changed my view regarding opium, in other words, I started considering opium as a medicine rather than narcotics. So, I started a timetable and proper dosages for my opium intakes and after that I was able to start deducting my opium usage. After 11 months, I was able to completely stop my opium intake while no sign of withdrawal was tangible. It was unbelievable! The result of this process was creation of the DST method. After that I started the Congress 60 (Human revivification society) in order to help others. Today more than 20,000 individuals experienced the same freedom as me using the DST method.

### **Research Method**

My research initiated in 1984 as I sought to quit addiction. After 12 years of trying and failing, I decided to start a scientific research on addiction. After my own redemption using the DST method, I started Congress 60 to help others. As I mentioned before, the DST method is founded on my personal experiences. I have coined new terms to share this knowledge with others.

## **The X System**

Production system or entity of natural opioid substances and the neurotransmitters within the body.

## **Anti X**

Addictive drugs or narcotics: All addictive drugs and narcotics that disturb or alter the natural balance of the human body are considered anti x or destroyer of the x system. Although, negative thoughts, stress and, other psychological problems can disturb the X system as well.

## **The X Theory**

Addiction and many other incurable chronic diseases are curable if we can regain balance to the X system within the body. Since narcotics, alcohols and psychoactive pills can cross the blood barrier of brain and interfere with functionality of the X system, in time these substances will replace the natural opioids of the body. In other words, any type of anti X can alter or disturb the X system (Dopamine, endorphin, encephalin, etc.) functionality in time.

## **Opium Solution or Opium Tincture**

Opium contains many different chemical compositions and this depends on the method of production in different regions. In addition to important alkaloids, opium contains mucilage, pectin, albuminoidal substances, wax, rubber, resin, mineral substances, calcium, magnesium, potassium, sulfates, phosphates and sugary substances containing lactic acid, and neutral substances like Meconin and Porphyrrosine. The number of extracted alkaloids from opium is 25 from which six important alkaloids are found more.



Alkaloids	Scientific name	% in different opium
Morphine	C <sub>17</sub> H <sub>19</sub> N <sub>3</sub> O <sub>3</sub>	3 to 23%
Codeine	C <sub>18</sub> H <sub>21</sub> N <sub>3</sub> O <sub>3</sub>	0.3 to 3%
Narceine	C <sub>23</sub> H <sub>27</sub> N <sub>3</sub> O <sub>3</sub>	0.1 to 0.4%
Narcotine	C <sub>22</sub> H <sub>23</sub> N <sub>3</sub> O <sub>3</sub>	2 to 8%
Thebaine	C <sub>19</sub> H <sub>21</sub> N <sub>3</sub> O <sub>3</sub>	0.2 to 0.5%
Papaverine	C <sub>20</sub> H <sub>21</sub> N <sub>3</sub> O <sub>3</sub>	Less than 1%
Laudanosine	C <sub>21</sub> H <sub>27</sub> N <sub>4</sub> O <sub>4</sub>	Less than 1%
Laudanine	C <sub>20</sub> H <sub>15</sub> N <sub>4</sub> O <sub>4</sub>	Less than 1%
Cotamine	C <sub>12</sub> H <sub>15</sub> N <sub>4</sub> O <sub>4</sub>	Less than 1%
Codamine	C <sub>20</sub> H <sub>25</sub> N <sub>4</sub> O <sub>4</sub>	Less than 1%
Cryptopine	C <sub>21</sub> H <sub>23</sub> N <sub>5</sub> O <sub>5</sub>	Less than 1%
Rhoeadine	C <sub>21</sub> H <sub>21</sub> N <sub>5</sub> O <sub>5</sub>	Less than 1%
Protopine	C <sub>20</sub> H <sub>19</sub> N <sub>5</sub> O <sub>5</sub>	Less than 1%

### **Addiction and the X System**

In my view, there are 3 main factors involved in a successful Treatment method:

- a) Body
- b) Psyche (mind)
- c) Worldview (all that we perceive, feel, understand and receive from the whole universe)

When a person uses any kind of narcotics or medications on a daily basis for more than 3 years, he or she has damaged the biochemical opiate production system, which produces narcotic-like substances naturally in the body. External narcotics have replaced internal narcotics of the body. As a result of this, when the external usage is discontinued or suddenly stopped, there would be reactions or symptoms which could be divided into two categories:

- a) Visible symptoms
- b) Invisible symptoms

*A) Visible symptoms:*

In the case of lack of Narcotics in the body (opiate family) sudden withdrawal, certain physical reactions appear in the body depending on the kind of narcotics, frequency of usage and the amount used in each intake. These symptoms are:

- 1) Frequent sneezing
- 2) Insomnia
- 3) Runny nose
- 4) Bone ache, wrist, and muscle ache
- 5) Excessive sweating
- 6) Frequent yawning
- 7) Diarrhea

If no medication is used to treat these symptoms, the immune system of the body naturally heals itself and move towards balance within two weeks, but some of them still continue.

*Treatment for visible symptoms:* There are many methods of treating the visible reactions of withdrawal that are, in fact harmful to the body as they impact a shock on the narcotic producing system in the body and this damage could be permanent. In other words, external narcotics that have replaced the internal ones, act as a pillar in

the balance of the addict. Sudden withdrawal means, the pillar support is taken away, and the collapse of the system follows. We should repair the system slowly and gradually so that an internal pillar is ready to replace the external one. A few methods are as follows:

- 1) Using medication under a doctor's supervision for a period of one or two weeks
- 2) Using acupuncture along with medication
- 3) Decreasing the Narcotics consumption in one or two weeks
- 4) Violent method like confinement by force, physical punishment or chaining one to a bed
- 5) Detoxification which is very harmful
- 6) Cold turkey or sudden withdrawal
- 7) Sports treatment, Music therapy, Magic therapy, Spirit therapy.

Apparently, all the above-mentioned methods are effective to treat the physical symptoms, because if a urine test is conducted, the result would be negative. This means no trace of narcotics can be found in the addict's urine, leading to a false assumption that the physical treatment or healing process has been accomplished, and the addict's other major issues such as psychological, mental and behavioral problems must be tackled. For example, since the person doesn't have diarrhea any more, it means he has been cured and he no longer has any other physical problems!!? I'm surprised by this much misunderstanding and misconception of the experts in this field.

*B) Invisible symptoms:* This phase or stage is the most sensitive and crucial part of the healing process and has been constantly ignored by the specialists and experts. They have not been paying attention to this important factor and don't know how long this process takes. Of course the reactions or symptoms in this phase also existed in the first stage but less attention was given to them. For example, someone who is

having diarrhea and stomach pain, and is constantly going to the bathroom, doesn't notice his depression.

These invisible symptoms include:

- 1) Depression
- 2) Hopelessness
- 3) Isolation
- 4) Indifference or lack of motivation in life
- 5) Impatience or lack of tolerance
- 6) Excessive Exhaustion
- 7) Insomnia
- 8) Laziness
- 9) Forgetfulness
- 10) Abnormal crying
- 11) Awakening of sexual desires
- 12) Premature ejaculation

An Important Point: The above mention symptoms do not have psychological roots in the early stages: whereas the majority of the specialists diagnose these problems as psychological and attempt to treat them by talk therapy or using group therapy. However, these disorders are caused by the deterioration of the body's anti-pain system and Opiate like production system's lack of producing the vital substances needed for proper functioning of the body. The treatment should be done in a way that all these systems gradually restart their production and all those sleeping, antidepressants pills that are supposed to help the patient, only damage these Morphine like system deeper and deeper. In other words, by pouring water into a dry spring, you can't get the spring to start flowing again, and a prop solution must be found. These days we come across many Narcotic addicts that are consuming all kinds of pills along with their own drugs because they had attempted to quit their addiction by these drugs and relapsed back

into addiction with more substance abuse. Some of them consume up to 400 pills a day, which is very hard to imagine.

According to our experience to repair and rebuild this opiate like system of the body and to achieve 90% of a successful recovery we must follow a proper guideline in a period of 11 months. Having a balanced physiology, a balanced mentality is achieved also and only leaves the spiritual outlook on life which must be revived by attending group therapy classes every week. It needs to be mentioned that if this spiritual view is not recreated, then relapse back into addiction is almost certain.

Question: Is it possible to regain balance to the X system with other medications like Methadone, Buprenorphine or etc.?

Answer: Not fully. To shed light on the subject let me express an example. To repair a building, we are in need of different materials as well as variety of experts. We are going to need concrete, wood, metal, etc., as well as architect, qualified handyman, property manager, etc. The components of opium are compatible with the production of X system, in other words, opium has all the necessary required materials to regain balance to the X system within body.

Worldview: It refers to how one sees the world (within and without). As mentioned before, negative thoughts, stress, despair, failures, and other pressures and stressors of life can damage the X system. Therefore, in a proper recovery process one must recreate his worldview gradually.

**The X System** Production system or entity of natural opioid substances within the human body.

**Anti X** Addictive drugs or narcotics. All addictive drugs and narcotics that disturb or alter the natural balance of the human body are considered anti x or destroyer of the x system.

**The X Theory** Addiction and other incurable diseases (psychological and physical) are due to damages of the X system within the body, thus if we restore balance to the X system, we can cure addiction and other illnesses.

**Principles** Since narcotics and alcoholic beverages are capable of crossing the blood barrier of brain these substances can disturb the functionality of the X system. In time the replacement of drugs instead of natural opioids of the body occurs. In this situation if one withdraws, he/she will suffer the symptoms.

If we are to achieve addiction cure, we must restore balance to the X system or in other words we must reverse the process of replacement so that body can tend toward balance gradually.

First principle: Repair. Our body tends to repair itself (physically and psychologically) and we are only required to prepare the proper situation for it.

Second principle: Reverse. In time the progression of addiction creates a situation in which the anti X replaces the natural opioids of the body. In this case if we are to achieve addiction cure, we must reverse this progress to restore balance of the x system.

Third principle: Generalization. The defects of the X system within body can create variety of illnesses whether psychologically or physically, if the X system is fixed the symptoms of that illness will disappear.

Fourth principle: Psychological chronic illnesses. It seems to us that psychological chronic illnesses which are declared as incurable like

major depression, schizophrenia, bipolar, ADHD, suicidal thoughts, etc., are curable if we restore balance to the X system.

Fifth principle: Physical diseases. Physical diseases like migraine, Epilepsy, chronic illnesses and etc. are also treatable with the DST method and OT.

Sixth principle: Opium. Since opium has variety of alkaloids like morphine, codeine, narseine, papaverine and etc. it is the best medicine to restore balance of the X system within the body. How to use and the amount of usage must be calculated by experts.

Seventh principle: Treatment method. Our treatment method is DST in which:

D stands for Dezhakam which is our decrease and increase coefficient (0.8)

S stands for Step which is 21 days (each 21 days decrement or increment of doses takes place)

T stands for time which is the treatment period (at least 10 months)

# 12

## **Congress 60: Profile of an Addiction Recovery Community within the Islamic Republic of Iran**

**William L. White, M.A.**

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### **Abstract**

The Islamic Republic of Iran, in response to the highest rate of opium consumption in the world, has devoted substantial resources to reduce drug availability and address addiction-related problems. Demand-reduction activities have included residential rehabilitation centers, outpatient treatment centers and support for addiction recovery mutual aid organizations (Narcotics Anonymous). The growing role of voluntary non-governmental organizations (NGOs) in supporting addiction recovery in Iran has not been fully described in the professional literature. This report describes one such NGO, Congress 60 that was founded in 1998 and has since grown to 38 branches in Iran with more than 20,000 members. Included in the review are the history, governance, philosophy, and methods of Congress 60.

### **Introduction**

The use of opium and other intoxicants among the people of Iran has a very long history (Matthee, 2005), but problems related to



addiction escalated dramatically in the second half of the twentieth century, with estimates of the number of Iranians meeting DSM-IV criteria for substance dependence estimated between 1-4 million (Ahmadi, Pridmore, Alimi, et al, 2007; Mokri, 2002, Razzaghi, Rahimi, et al, 1999; Sharifi, et al, 2012). This rising rate of addiction is in marked contrast to recent overall improvements in health, life expectancy and education in Iran. Increased opiate addiction is related to confluence of factors: proximity to Afghanistan—the world’s leading source of opiates, and Pakistan; a youthful population (half under age 19); urbanization and social dislocation; and the financial distress and unemployment exacerbated by UN and EU economic sanctions against Iran (Rassaghi, et al, 1999, Shariatirad & Maarefvand, 2013). Surveys of drug use in Iran report a dramatic rise in between 1973-1978, a decline of use in the early years following the Iranian Revolution, and a subsequent resurgence beginning in the years 1988-1992 (Rahimi-Movaghar, Mohammad & Rassaghi, 2002).

The patterns of drug use in Iran primarily involve the smoking (in pipes) or ingestion (dissolved in tea) of opium (thariac) and opium residue (shire and sukhte) and the smoking, inhalation or injection of heroin, with growth in injection drug use contributing to parallel increases in HIV and HCV infection (Mokri, 2002). Most (71%) of the opium and heroin consumed in Iran is purchased from illicit street dealers. Opium is generally consumed in one’s home or at a coffee or teashop and heroin is most often consumed in a location outside the home (Rassaghi, et al, 1999). A common form of street heroin is called Kerack—not to be confused with crack cocaine, which is rarely used in Iran (Mehrjerdi, 2013; Mohammad, Hassan & Dariush, 2011).

The typical profile of persons addicted to opioids in Iran is that of a married (62%) male (95%) between the ages of 14-75 (mean of 35) with limited education (more than half without a high school diploma or college degree) who is supported by and living with family while working in a skilled, semi-skilled or unskilled job (Ahmadi & Motmed, 2003; Sharifi, Haraghani, Emami & Masjedi, 2012; Shekarchizadeh,

Ekhtiari, Kami, et al, 2012). Drug use, with opium as the most frequent initial drug, begins most often between the ages of 12-18 and is initiated in the context of friends or family, with nearly half of those entering treatment reporting another person addicted within their family (Day, Nassirimanesh, Shakeshaft, et al, 2006; Mokri, 2002; Sharifi, Kharaghani, Sigari, et al, 2012). Women are most frequently introduced to drug use by their drug-using partner (Dolan, Salimi, Nassirimanesh, et al, 2011b). The majority (75%) of those entering treatment for addiction also present with a co-occurring psychiatric illness (Ghanizadeh, Ashkani & Maany, 2000). Injection drug users are primarily single males between the ages of 20-39 (with a trend toward decreasing age of use, Ataee, Jouybari, Alavijeh, et al, 2014), with prior histories of addiction treatment and incarceration and high rates of HIV and HCV infection (Eskandarieh, Nikfarjam, Tarjoman, et al, 2013; Shahrababaki, Ziaaddini, Doost, et al, 2011; Zamani, Kihara, Gouya, et al, 2006). Most opium and heroin users in Iran report multiple failed attempts to cease their drug use (Rassaghi, et al, 1999).

Cultural and legal responses to addiction have a long history in Iran (Matthee, 2005). Before the 1979 revolution, there was a trend toward the decriminalization and medicalization of addiction with growth in government-funded detoxification, inpatient addiction treatment, pilot outpatient treatment, and ancillary services that included education and vocational rehabilitation. Opium rationing for older addicts also provided an early harm reduction effort in Iran (Afkhami, 2009).

Following the fall of the shah in the 1979 Iranian Revolution, addiction was increasingly viewed through the lens of Islamic moral precepts. The Council of Islamic Revolution in Iran waged a “jihad against sin” that included a ban on poppy cultivation, closing of detoxification and treatment centers and harsh anti-drug measures--fines, corporal punishment (lashings), incarceration in labor camps, and, the possibility of death for drug trafficking (Calabrese, 2007). Temporary reductions in opium supplies during this period

inadvertently contributed to rising heroin use among opiate-dependent citizens. During the early 1980s, provisions were made for distribution of opium to confirmed addicts were reinstated and some detoxification and rehabilitation centers were opened to receive addicts mandated from the courts, but alarm continued over the rising tide of opiate addiction and the growing percentage of prison inmates incarcerated for drug offenses (Afkhami, 2009; Calabrese, 2007). The allocation of resources for drug supply and drug demand reduction efforts was, however, limited through much of the 1980s due to the Iran-Iraq War.

The late 1990s were marked by a remedicalization of addiction in Iran. This followed increased recognition of rising rates of addiction and injection drug use and growing concern about AIDS and the 25% HIV infection rate among injection drug users (Ajkhami, 2009). As a result, the Iranian governmental recommitted itself to a balance of demand and supply reduction efforts that expanded resources for addiction treatment and recovery support services (Cabrese, 2007). Early prevention and treatment activities supported and coordinated through the State Welfare Organization (Aliverdina & Pridemore, 2008). Key Milestones included expanded detoxification, inpatient and outpatient treatment and harm reduction resources, including more than 100 outpatient clinics established by 2000 (Ajkhami, 2009). There was widespread use of pharmacotherapy (naltrexone and methadone maintenance) in hospitals (2000), outpatient clinics (2002) and in prison clinics (2002). By 2010, Iran's treatment efforts in the prisons resulted in the largest population (25,000) of methadone-maintained prisoners in the world (Ajkhami, 2009; Farnia, Ebrahimi, Shams, et al, 2010; Tanner, 2013). Other milestones included opening of the first therapeutic communities in Iran (2001, Mokri, 2000) and establishing the Iranian National Center for Addiction Studies (2003) to conduct addiction-related research and professional education and networking (INCAS, 2007). Recognition of the special needs of addicted women led to the development of special treatment services for women (Dolan,

Salimi, Nassirimanesh, et al, 2011a; Movaghar, Langroodi, Ahmadi & Esmaeli, 2011). More than 60 community drop-in centers also provided a mechanism for outreach and intervention, including delivery of health and psychological services, educational information and distribution of condoms, syringes and needles. (Ajkhani, 2009).

Addiction treatment in Iran since 1997 has been provided by the government, universities, welfare organizations, welfare organizations, private centers, and non-governmental organizations (NGOs, Farnam, 2005). NGO involvement in the prevention, treatment and recovery support arenas, included harm reduction and treatment projects, Narcotics Anonymous and other recovery mutual aid efforts, and recovery communities that offer voluntary treatment and long-term recovery support. Some of these efforts were quite remarkable in their growth. By 2005, there were more than 4,900 NA meetings a week in Iran with more than 30,000 NA members (Sayyah, 2006), which NA membership since growing to more than 40,000 members (Maltais, 2011). By the end of 2007, there were 51 government-sponsored treatment centers and 457 private outpatient treatment centers (Mohammadi, 2007). That same year, a program of mandatory treatment of addiction was initiated through which persons with confirmed addictions were diverted at the point of arrest to residential treatment (Afarin, Golar, Emran, et al., 2011; Rahimi-Movaghar, Khastoo, Razzaghi, et al, 2011).

The shift in government policy significantly expanded treatment resources in Iran, but there was growing awareness that more needed to be done to support long-term recovery for individuals and families affected by addiction. These concerns were sparked by problems of low one-year treatment retention rates (Ahmadi, 2002; Ahnadi & Motomed, 2003; Ahmadi, Babae-Beigi, Alishahi, et al, 2004; Esmaeli, Ziaddinni, Nikraves, et al, 2014; Rouhani, Kheirkah, Salarieh, et al, 2012), high post-treatment addiction recurrence rates (63-95%) (Mokri, 2002; Mohammadpoorsi, Fakhar, Akbari, et al, 2012; Narimani & Sadeghieh, 2008; Rahimi-Movaghar, Khastoo, Razzaghi, et al, 2011;

Sadir, Shojaei, Moadab, et al, 2013), limited early improvement in quality of life during treatment (Kobra, Mohammad & Alireza, 2012), and high reported rates of intergenerational addiction (Ahmadim, Arabi, & Mansouri, 2003; Ziaaddini & Ziaaddini, 2005). Reports that these outcomes were influenced by a broad range of biological, psychological, familial, social and economic factors (Roshani, Jalali, Bidhendi, et al, 2014) suggested the potential of wrapping medications in a broader framework of ancillary recovery support services (Moeini, Razzaghi, Mahmood, et al, 2014) and the potential role of NGOs in providing frameworks of sustained support for long-term addiction recovery and primary prevention (Cabrese, 2007; Razzaghi, et al, 1999). NGO's that perform these broader recovery support functions in Iran include Narcotics Anonymous, Jamiat EhyaieEnsani Kongreh 60 (Congress 60), Anjoman Tavalod-e-Dobare (Rebirth Society), Tavalodi Digar (Another Birth), Rooyesh e Digar (Re-growth) and the Aftab Society (Aftab society is functioning as a clinic nowadays). NGO-based addiction recovery support resources are growing with the Islamic Republic of Iran.

The purpose of this study is to provide a detailed profile of one such NGO—Congress 60—that has become one of the most visible addiction recovery communities in Iran. The efforts of Congress 60 have been briefly mentioned in the popular press (Fathi, 2008) and noted in the professional literature (Dahmardehei & Razaiee, 2012; Tavakoli, 2013; Tavakoli, Sahaf, Ghaffari, et al, 2012; Tabatabaei-Jafari, Ekhtiari, Ganjgahi, et al, 2014; Zarrindast, Sahraei & Dejakam, 2010), but no detailed profile of Congress 60 has yet been published. This review of Congress 60 will outline its history, structure of governance, treatment philosophy and methods and its plans for researching and disseminating its methods. This review is drawn from interviews and written communications with the founder of Congress 60 as well as a review of key publications of the organization.

## Congress 60

History: Congress 60 is rooted in the personal experience of Mr. Hossein Deshakam.

*I'm an electronic engineer by training. I worked in the field of industrial research, design, and repair for 30 years as my addiction to alcohol and then hashish and opium took over my life. I was a hardcore addict for 17 years. I tried many different treatments to cure myself but was repeatedly unsuccessful. In the end, I began playing a game that evolved into the research and trials that I tried on myself. By determining my daily dosage, time of use, and tapering of the drugs, I implemented a plan [using opium tincture—know in the West as Laudanum] and to my own disbelief, was successful after an eleven-month period to break my physical addiction. It was through this that the DST Method [pharmacotherapy used in Congress 60] was invented (Dezhakam quoted in White, 2011)*

Following self-cure using the DST method, Mr. Dezhakam published an account of his experience in a book, *Crossing the Zone 60 Degrees Below Zero*, and started an NGO, Human Revivification Society (Congress 60) under the motto, 'Lets curb this devastating flame,' to help others seeking addiction recovery. In 1998, the first session of Congress 60 was held in a small room with eight people attending. Today, more than 20000 individuals hold membership cards within Congress 60's 38 branches in Iran.

*Congress 60 is a people-supported, non-governmental organization, active in the treatment and recovery of drug addiction. Its foundation is based on the principle of a*

*revived addict helping fellow addicts who are currently still using narcotics.... It has a license from the Ministry of the Interior, and its purpose is to reduce the harmful results of addiction. Congress 60's axis of activities consists of education, prevention, curbing, and guidance in curing addiction. The main objectives of Congress 60 are providing scientific research and practical solutions in recognizing the relationship between the human psyche and illicit drug dependence and providing a useful method and guidance to drug addicts and their families. (Dezhakam quoted in White, 2011)*

There was early professional resistance to the idea of using opium tincture (OT) in the treatment of addiction, but as the number of people achieving stable recoveries within Congress 60 grew, these attitudes began to change. The Ministry of Health subsequently approved OT in the treatment of opioid addiction, the pharmaceutical companies expanded manufacture of OT preparations and OT was added to methadone and buprenorphine as choices of pharmacological intervention into opiate addiction in Iran. At present, the work of Congress 60 is supported by the Iranian Drug Control Headquarters, which currently supports a pilot project on heroin, opium, hash, and alcohol detoxification with opium tincture for 1000 persons through Congress 60. The pilot is over now and it was successful. More than 7000 individuals are being treated with the OT and the D.S.T method within Congress 60 and the results of this treatment will be published soon.

Governance: Congress 60 is organized into branches with each branch sharing a similar structure. At present there are 16 branches in Tehran and 22 branches in other cities of Iran.

Congress 60 is organized around six key roles: *Guardian* (founder/director), *Didehban* (14-member parliament of Congress 60 responsible for overall policy and planning), *Marzbans* (seven-person

executive teams elected for one year by the branch membership and who assure compliance with branch rules and regulations), *Mosafer* (travelers, those seeking treatment and recovery from addiction), *Hamsafar* (*companions*, family members and friends of each traveler who participate in all Congress 60 activities), and *guides* who supervise the treatment process. Each Didehban (supervisor) has responsibility for a specific area of operation, e.g., departments of research, worldview, family, public relations, lady travelers, sports, and guides.

There are three different levels of guide in Congress 60: 1) assistant guide, 2) guide, and 3) master guides. Becoming an assistant guide requires six months of recovery (completion of treatment), completion of training classes and passing a competitive examination. The exam focuses on three primary areas: 1) technical knowledge of drugs and their effects on humans and methods of effective treatment, 2) worldview or spiritual aspects of the recovery process, and 3) moral aptitude of the applicant, which is judged by the management team. The levels of guides are designated by different colors of scarves worn during Congress 60 meetings. The Didehban, (14 people) Marzban (250 people), Guides, and Assistant Guides collectively number 800 (500 men, 300 women) and all are graduates of Congress 69 (ex-addicts or family members) and all serve on a voluntary basis.

The central meeting format of Congress 60 is the large workshop. The workshops are delivered mostly by senior members of Congress 60 and sometimes by university instructors and professors who volunteer their time to Congress 60. Each guide has several students that form a *legion* that meet in a public place after these workshops. All members are expected to participate in the discussions. These legions serve as family units within the larger Congress 60 community.

Financing: Funding support for the branches of Congress 60 comes almost exclusively (99.9%) from voluntary donations collected from members at the end of each session. and some branches meet in government or government-related organizations. Congress 60 has recently established a financial legion within each branch whose



purpose is to enable members financially blessed by their recoveries to contribute financial resources to buy land and construct buildings in support of their branch's activities. There are no paid employees of Congress 60; all roles serve in a voluntary capacity.

Marketing Citizens of Iran are generally aware of Congress 60 through reports on their efforts that appear in television interviews and newspapers and magazine stories. This visibility, the lack of fees for its services and the availability of services regardless of gender, age, religious background and personal beliefs creates a high demand for participation in Congress 60. Service volume is limited by the capacity of Congress 60 facilities. In some branches the capacity is full and due to lack of space those branches fail to accept newcomers.

Philosophy The philosophy of Congress 60 is outlined in two books by the founder: *Crossing the Zone 60 Degrees Below Zero* and *Love, 14 Valleys for Recovery*. Members of Congress 60 use these texts similar to how the "Big Book" of Alcoholics Anonymous and the "Basic Text" of Narcotics Anonymous are used by their members. *Crossing Through the Zone 60 Degrees Below Zero* is used to educate members about the nature of addiction and the method of pharmacotherapy used within Congress 60. *Love, 14 Valleys for Recovery* explores how successful treatment of addiction requires a "full renovation of the individual's beliefs and views of himself, family, society, and the universe" (Dezhakam quoted in White, 2011). Collectively, these works present addiction as an affliction of the body, psyche and worldview and the need for treatment that addresses each of these three dimensions.

The theory of addiction that undergirds the physical methods of treatment within Congress 60 is based on what Dezhakam has christened the X system.

*The X system is an entity that contains all the neurotransmitters and hormones in the human's body. All our spiritual, psychological, emotional, sexual, and physical activities are influenced by this system. To clarify, I should*

*provide a definition for drug addiction in terms of its human physiology. Drug addiction involves a chronic substitution of narcotics, alcohol, and prescription medicine instead of natural opioid substances inside our body—substances like Dopamine, Endorphins, and Serotonin. Having the above definition in mind, we can see that when external substances like drugs and alcohol are imported into the body for a prolonged period of time, the X system is damaged extensively and this in turn causes an imbalance, dysfunction, and disruption within the physical system. Thus, we can name the above-mentioned drugs and alcohol as anti-X, as they cause extensive damage to this vital organization. In fact, understanding the X system and anti-X factors are the important parts of a definitive cure of addiction. (Dezhakam quoted in White, 2011).*

To repair this damaged X system, Congress 60 utilizes opium tincture tapered over a period of 11 months to repair this system and allow people to live free of all opioids and other intoxicants.

Stages of Recovery The recovery process within Congress 60 is depicted as a three-staged journey. These stages include, 1) using reparative medicine maintenance until treatment is completed (at about 11 months), maintenance treatment is ended and recovery is continued, 2) a drug/medication-free journey of self-discovery involving physical, mental and emotional rejuvenation and self-knowledge, and 3) a never-ending spiritual process of understanding the order and mystery of our universe. The first two of these journeys are viewed as sufficient to overcome addiction, with the third being viewed as a heightened level of spiritual development and service to others. The Congress 60 Founder described the need for stages 2 and 3 as follows:

*I can say from personal experience that an addict's world is like a dark prison; one feels trapped inside the experiences of*

*fear, anxiety, rage, humiliation, and lack of identity. In order to march towards light, health, and freedom, the individual must make a move. We call it a journey: a journey from fear to courage, from anxiety to bliss, from rage to compassion, from humiliation to honor, from sickness to becoming healthy.*

Pharmacotherapy The protocol for use of minimum opium in stage one recovery within Congress 60 is referred to as the DST Method, which involves 14 stages of decreasing dosage of opium tincture. The DST method is a formula by which drugs, alcohol, and addictive medicines are tapered and finally relinquished. In this method, the **D** stands for Dezhakam coefficient of 0.8 by which dosage is decreased in each step; **S** stands for step, which means maintaining the daily dosage for 21 days; and **T** stands for time; the duration of the overall treatment which averages approximately 11 months. Daily drug use, the amount of each dosage, and times of pre-treatment drug use must be clarified in this method and then the tapering can begin. Calculations of OT dosage are prepared by one of the trained guides or assistant guides and stamped by an authority representing the Congress 60 branch. This signed slip is then taken to a clinic where the individual is given the prescribed quantity of OT. The goal of the DST method is not the immediate cessation of drug use, but the restoration and repair of the endogenous opioid system through sustained adherence to the DST protocol. Once tapering through the DST method is completed, it is recommended that the individual continue group therapy for a year, at which time the person may cease participation in Congress 60 or volunteer for one of the many service roles within Congress 60.

Recovery Education The core of the re-education process within Congress 60 rests in a series of workshops (more than 23000 educational workshops a year with an average of 150 participants in each workshop). Each workshop is broken into five sections: male

travelers, female travelers, male companions, female companions, and travelers and companions. These workshops convey Congress 60's philosophy of addiction and the 14 Valleys of Recovery. The Fourteen Valleys in Congress 60 play the same role that the 12 Steps do for members of Alcoholics Anonymous, and the workshops parallel the Step lectures often found in 12-step oriented addiction treatment. The workshops are held for 3 hours, 3 days per week so that members may attend them after working during the day.

Support and Mentorship Much of the structure of Congress 60 is based on the need to sever relationships that support active addiction and create new relationships, beginning with the companions and guides, that can support long-term addiction recovery. The Congress 60 community is organized around the principal of "*a rehabilitated addict helping other addicts who are still using drugs.*" Such mutual support is conveyed within the larger rubric of activities and rituals that make up community life within Congress 60.

The Recovery Milieu A major emphasis within Congress 60 is involvement in sports, and more recently, music and the arts. There is a joint meeting for travelers and companions from all branches each week in a large park from 7:00 am to 2:00 pm where members play sports activities in 14 different fields and participate in internal competitions. This ritual and the growing role of sports unfolded inadvertently within Congress 60 due to temporary closure of the central branch by judicial order. During this time, members were forced to meet in the park where they began to play various sports during their free time. When the judicial order was rescinded 54 days later, the role of sports had already become imbedded within the emerging Congress 60 culture. Gradually, other sports were added and annual sports competitions and games such as Golden Eagle Olympics were established. The sport council of Congress 60 conducts annual sports Olympic for the revived drug users who are now competing athletes. There are different sports competitions including soccer, volleyball, rugby, archery, badminton, table tennis and traditional body building.

Congress 60's archery, rugby, dart and traditional body building teams have made it up to the National Levels of competition in Iran. The role of sport is part of the larger transformation of identity within Congress 60.

*When someone wants to introduce himself in a meeting in Alcoholics Anonymous, he says: "Hi, my name is John and I'm an alcoholic. I've been sober 6 for months now." In Congress 60, we say: "Hi, I'm John, a traveler; sporting field is rugby, the name of the guide, Johnson, treatment method DST, revival period 6 months." This goes to show the importance of sports in our NGO; it becomes a part of one's identity." (Dezhakam, 2014, personal communication)*

Music (learning to play an instrument or sing) and theatre (performing in a play) are similarly used to facilitate a reconstruction of personal identity and lifestyle within Congress 60.

Order, punctuality, proper manners and respecting others are being educated in Congress 60. Each year a camping is held beside a river outside of city for 7 up to 10 days and people from all the branches of Congress 60 participate in this camping. Meanwhile, overweight treatment and smoking cessation both with the D.S.T method are functioning within Congress 60. Great results is achieved in these areas as well.

Advocacy Congress 60 also affords its members opportunities for community service via public education, participation in policy discussions and through specific community service projects e.g., annual planting of trees. The intent of these opportunities is as follows.

*Most people assume that an addict is a person of moral incompetence; he or she is a selfish and carefree individual*

*who does not want to be treated and cured. We want to introduce a concept that says addiction is an illness of body, mind, and worldview and to be successfully treated, many issues must be taken into consideration. We are aiming to challenge the false, futile methods of addiction treatment so as to prevent the vicious cycle of failures, which could harm the will and determination of those seeking redemption from addiction while opening a real, practical path to recovery. We are saying that drug addiction is treatable and curable at any stage. We believe that drug addiction knows no boundaries and no one's children are safe from its destructive fire. We want to alert the public that those who use drugs recreationally today are the prime candidates to become tomorrow's hardcore addicts. We constantly remind the addicts about the grave mistake they have made while simultaneously offering the opportunity to make amends through the courageous act of entering into a treatment and recovery process. Our goal is to create awareness in lawmakers and government officials about the actual nature of drug addiction so that they can make the right decisions that affect the addicts directly. (Dezhakam, 2014)*

Research Congress 60 has collaborated with research scientists on a variety of recent addiction-related studies (Dahmardehei & Rafeiee, 2012; Maarefvand, Ghiasvand & Ekhtiari, 2013; Mirlashari, Demirkol, Salsali, et al, 2014; Namdarpour & Iravani, 2013; Tabatabaei-Jafari, Ekhtiari, Ganjgahi, et al, 2014; Tavakoli, Sahaf, Ghaffari, et al, 2012; Zarrindast, Sahraei & Dejakam, 2010), but no comprehensive study has yet been conducted of the effectiveness of the methods used by Congress 60. As a result, Congress 60 is currently collaborating with research scientists in Iran on the evaluation of long-term outcomes of the Congress 60 approach to addiction treatment and is involved in a collaborative study with this author to evaluate the adaptation of the

DST method for the treatment of nicotine addiction among Congress 60 members.

## **Discussion**

Following the 1979 Iranian Revolution, policies towards widespread prevalence of opioid addiction shifted from criminalization and repression to more balanced and progressive approaches emphasizing demand reduction, addiction treatment and recovery support resources. The latter included encouragement for the development of recovery support services by non-governmental organizations (Aliverdina & Pridemore, 2008). The present study provides a profile of Congress 60, a prominent NGO currently providing treatment for drug addiction to more than 20000 individuals and their families within its 39 branches in Iran. Distinctive features within Congress 60's approach to the treatment of addiction include its integration of biological, psychological, social and spiritual models of addiction and addiction recovery; a unique pharmacotherapy protocol; integration of pharmacotherapy within a vibrant recovery culture; the intense involvement of family and social network members within the treatment and recovery support processes; and its novel approach to the integration of sports, music and the arts as part of the reconstruction of personal identity, personal relationships and daily lifestyle.

Within the philosophy of Congress 60, one finds elements drawn from treatment approaches whose proponents have been involved in vitriolic and highly polarized debates. In the X system theory, one is reminded of the theory of addiction as a metabolic disorder that provided the original rationale for methadone maintenance (Dole & Nyswander, 1967; Dole, Nyswander & Kreek, 1966) and that has been refined in subsequent research on the neurobiology of opioid addiction (Koob, 2009; Kreek, 2000, 2010; Trigo, Martin-Garcia, Berrendero, et al, 2010). Yet, the method of pharmacotherapy of Congress 60 derived

from its X system theory uses a different agent (opium tincture), a sustained but limited (11 months) rather than unlimited duration of pharmacotherapy, and a formula-prescribed tapering schedule. The use of tincture of opium in tapering persons from a state of opiate addiction to a state of abstinence has been described in the professional literature (Auriacombe, Grabot, Daulouede, et al, 1993, 1994; Chandrasena, 2000; Jittiwutkarn, Ali, White, et al, 2004; Nataparan, 2000; Somogyi, Larsen, Abadi, et al, 2008) and utilized in Vietnam, Thailand, Laos, Vietnam and Myanmar for detoxification (Ali, Jittiwutikan, Hall, et al, 2000; Richards & Henry-Edwards, 2004). However, Congress 60 represents the largest and most sustained effort to use tincture of opium in the sustained pharmacotherapy of opioid addiction. The experience of Congress 60 would suggest that opium tincture is a less expensive and suitable in curing sexual disorders and culturally acceptable alternative to methadone and buprenorphine in the treatment of opium addiction in Iran (Dahmardehei & Rafeaie, 2012; Mehrjerdi & Zarghani, 2013), but research studies are needed to confirm the long-term recovery outcomes of those treated through the Congress 60 protocol. Worldwide experiments with the use of OT in the treatment of opioid addiction will require greater standardization of OT preparation, experiments to determine optimum OT dosages and dosing schedules and comparative studies on maintenance and detoxification with OT, methadone and buprenorphine (Ali, et al, 2000).

One also finds in Congress 60 elements of therapeutic communities, social model alcoholism programs and addiction recovery mutual aid organizations that rely on a strong sense of community identity, social fellowship, mentoring by others in recovery, a reorientation of personal values and worldview, and the use of recovery literature to guide one's recovery process (White, 1998). The transition into the Congress 60 communities also reflects White's (1996) description of recovery as a journey between enmeshment in a culture of addiction to enmeshment in a culture of recovery. This latter culture fills the vacuum created by the loss of the drug relationship and



the rituals and social relationships within which addiction is so often nested. Congress 60's emphasis on healing family relationships through family involvement in treatment and reconstructing one's social network also addresses two key factors that have been identified as obstacles to recovery and linked to in-treatment and post-treatment resumption of addiction in Iran: strained family relationships and continuing involvement with drug-using friends (Rahimpour, Khankeh, Koshknab, et al, 2012; Roshani, Jalali, Bidhendi, et al, 2014).

Also unique in Congress 60 is the roles that sport, music, art and community service play within the intrapersonal processes of recovery and processes of recovery community building.

Congress 60 provides a novel method of deleting addiction from one's life, alleviating or minimizing cravings that play a role in drug seeking and addiction recurrence. It also offers, through processes of education and mutual support, a means of increasing what Cloud and Granfield (2008) christened *recovery capital*—the internal and external assets that can be drawn upon to initiate and sustain addiction recovery. Congress 60 combines subtractive and additive processes within a journey of *recovering from* something to *recovering to* something. Given the increasing calls to integrate harm reduction and abstinence-based treatment (Evans, White & Lamb, 2013; Kellog, 2003; Marlatt, Blume & Parks, 2001) and calls for more recover-oriented approaches to methadone maintenance (White & Torres, 2010; White, 2012), Congress 60 provides a vivid example of how maintenance medication can be wrapped in a rich milieu of psychosocial support individuals and families seeking support for long-term addiction recovery.

Given the long-enduring and vitriolic debates between advocates of abstinence-based treatment (ABT) and medication assisted treatment (MAT) for opioid addiction, Congress 60 offers an alternative that integrates key theoretical constructs and practices of both approaches while adding elements found in neither. Studies have found that both ABT and MAT reduce drug craving and drug-seeking

behaviors, but may affect different neural mechanisms (Tabatabaei-Jafari, Ekhtiari, Ganjgahi, et al, 2014). This raises the question of whether combining or sequencing potent ingredients of ABT and MAT may produce outcomes superior to either used in isolation. Studies that have attempted such combinations, including combining methadone maintenance with varied levels of counseling or psychotherapy (Gruber, Delucchi, Kielestein, et al, 2008; McLellan, Woody, Luborsky, et al, 1988; Schwartz, Kelly, O'Grady et al, 2011), ancillary social services (McLellan, Hagan, Levine, et al, 1998), recovery mutual aid participation (White, Campbell, Spencer, et al, 2014) or concurrent treatment in a therapeutic community (De Leon, Stains, Perlis, et al, 1995; Sorensen, Andrews, Delucchi, et al, 2009), have produced promising but mixed results. Such studies need to be continued using different combinations of pharmacotherapy and psychosocial recovery support in different cultural contexts.

The unique elements that have been combined within Congress's 60's approach to addiction recovery warrant extensive and rigorous studies to measure their effects on long-term recovery and to isolate the most potent ingredients within this approach. The purpose of this article is to set the stage for reporting the results of such investigations that are currently under way.

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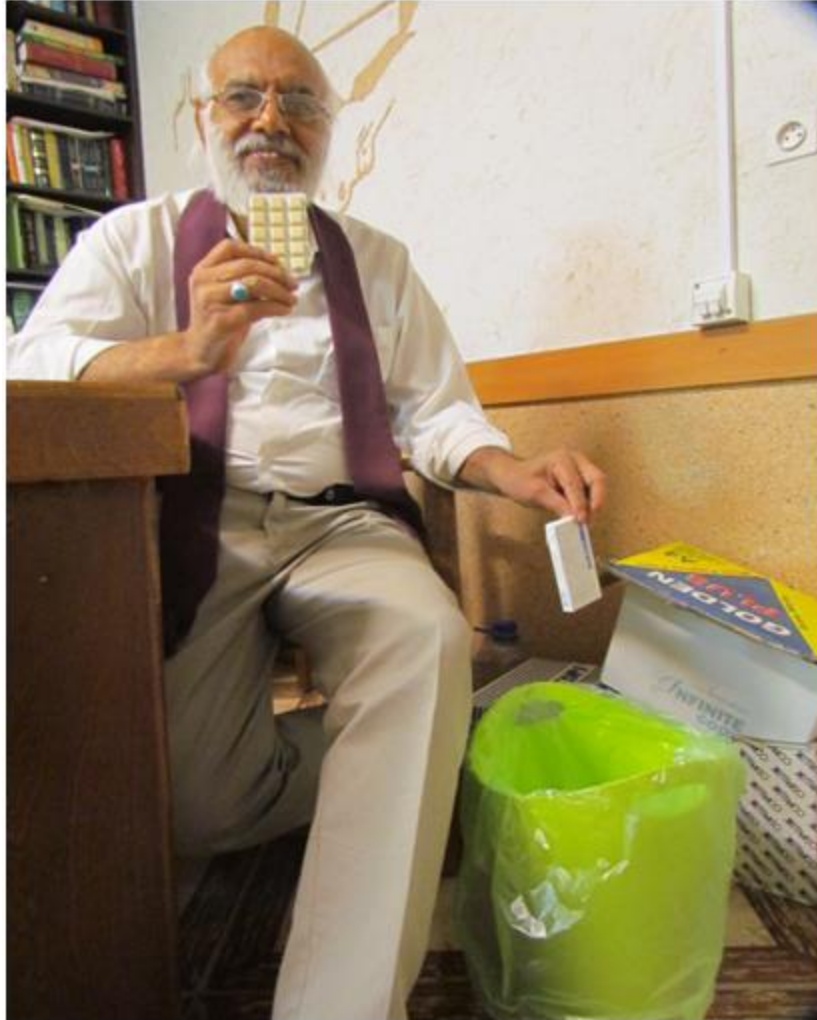
# 13

## **Smoking Cessation within a Recovery Community: An interview with Hossein Dezhakam, Congress 60, Iran.**

### **William White and Hossein Dezhakam**

Smoking rates of people addicted to alcohol and other drugs far exceed smoking rates in the general population, and nicotine addiction continues to be a major cause of death among people recovering from other drug addictions. Heightened consciousness about smoking and support for smoking cessation has begun within communities of recovery across the globe, but there may be no community that is doing this in a more focused and systematic way than Congress 60 in Iran. Those wishing more background on this dynamic recovery community are encouraged to read my first interview with Mr. Hossein Dezhakam as well as his books that are posted at [www.williamwhitepapers.com](http://www.williamwhitepapers.com).

In late 2012, I asked Mr. Dezhakam to reflect on the evolving attitudes toward smoking within Congress 60. Please join us in this engaging discussion.



**William White:** Hossein, it is a pleasure to be talking with you again. Could you describe the prevalence of smoking and attitudes toward smoking during the early years of Congress 60?

**Mr. Hossein Dezhakam:** Hi, Bill, I am also so glad to have this second interview with you. About your question, from the early years of Congress 60 until 8 or 9 months ago, smoking was common in Congress 60. Smoking was common in the academy branch after group therapy sessions. Smoke would fill the hall like a fog. We had no choice but to set a strong ventilator on the roof, which works like a jet engine to get the smoke out of the rooms. Imagine 400 people smoking together!

**William White:** Through our long correspondence, I am familiar with Congress 60 and the involvement of many of its members in sports. How did you put sports and smoking together?

**Mr. Hossein Dezhakam:** [laughing] You are right, imagine athletic people smoking cigarettes before, after, or at the resting times between competitions. It's ridiculous, but we were really doing it, and from our point of view, it was ordinary. But from others' point of view, it is quite surprising and clearly harmful.

**William White:** With all of the planning that goes on within Congress 60 at various levels, how did you disregard this issue for so long and not rectify it?

**Mr. Hossein Dezhakam:** Dear Bill, water was shod from the wellspring, meaning that I was the leader of smokers.

**William White:** How many cigarettes did you smoke per day and for how long?

**Mr. Hossein Dezhakam:** I smoked for about 35 years and smoked 40 cigarettes per day, more or less. During these 35 years, I never stopped smoking.

**William White:** What events led you to re-evaluate the issue of smoking among members of Congress 60?

**Mr. Hossein Dezhakam:** I was never ready to reevaluate the issue of smoking among members of Congress 60 because I was interested in smoking, and I believed I could not do my regular tasks without smoking, not even my writing. I thought during those 35 years of smoking that my brain was completely dependent on nicotine and that I would not be able to function well without it. I was always an advocate of this theory that despite the harm of smoking, there must also be some benefits to it. I was reasoning that nobody had searched for smoking benefits and that if they did, they would identify such

benefits. If you remember, when you wrote an essay about smoking harms, you and I had quite the controversy about this issue while I was an advocate of smoking.

**William White** (laughing): yes I remember, so what changed your mind?

**Mr. Hossein Dezhakam:** Very simple, simpler than you could imagine, and dangerous, more dangerous than what could happen to a man. Exactly on 2012/2/4 around 2 pm, I was speaking with a meth addict who was delusional and I felt a tiny physical distress. Half an hour later in my office, I suddenly felt a cold sweat all over my body and I could not walk. I called for one of my colleagues, who called an ambulance immediately. When I came to my senses, I found myself in the hospital. They took my clothes off, put proper hospital clothes on me, and attached a variety of wires to me, and began different injections and gave me a variety of pills to ingest. I told the doctor that I wanted to smoke. The Doctor laughed and said “You are in a hospital and smoking is forbidden in hospitals.” “I will find solitude to smoke,” I thought. However, I told the doctor what had happened to me, and asked when I could go home. The Doctor said, “You had a heart attack, a dangerous one. You died and were revived. You will stay here tonight.” I stayed several nights and was transferred into CCU.

**William White:** I suspect you were continuing to find that solitude to smoke.

**Mr. Hossein Dezhakam:** Fortunately or unfortunately, in CCU, they wouldn't even let me out of bed. I tried to get out of bed without permission once in order to find a place for smoking. I disconnected the wires one by one and disconnected my IV serum as well. Suddenly I fell down. The nurses heard my crash, and they ran to me and raised me up. Fortunately, I was not hurt.

**William White:** Did you then give up the idea of smoking?



**Mr. Hossein Dezhakam:** The nurses and the doctor helped me get on the bed and reattached all the wires again and impugned me about trying to get off the bed without help and permission. But no, I didn't give up the idea of smoking. I was like a boxer who was beaten in the boxing ring and every time I fell down, with the boxing referee counting 1.....2.....3... my brain cells would yell nicotine.....nicotine.....nicotine.....so I would stand up again, and I would crash down again with another hit from my opponent. Dear Bill, for 35 years, my brain cells had been set with nicotine. I lied on the bed dreaming of a cigarette and the slogan "nicotine, nicotine, nicotine" kept ringing in my mind. My brain cells were demanding a cigarette. Suddenly something crossed my mind, and I remembered the DST method, which I had used in order to cure the addiction of smoking opium. [Dezhakam is silent]

**William White:** Could you describe how you are applying the DST method to the treatment of nicotine addiction in Congress 60?

**Mr.Hossein Dezhakam:** In order to cure the addiction of smoking opium, I first changed the opium smoking to opium eating and then tapering my daily dosage according to the DST method until the opium eating reached zero. Lying down on the bed in the hospital, I decided to do the same with smoking cigarettes. "Is it ok to use oral nicotine instead of smoking," I asked the doctor; he said it would be all right. Immediately, I sent someone to buy some oral nicotine. I started to chew the nicotine gum on the bed, and after hospital discharge, I promulgated this between Congress 60 members who were volunteered, which I will explain later.

**William White:** Did chewing the nicotine gum stop your cigarette smoking temptation?

**Mr. Hossein Dezhakam:** Yes, chewing oral nicotine stopped my temptation to smoke cigarettes by more than 50 percent. This is

normal, of course; my brain needed nicotine, and oral nicotine provided much of it.

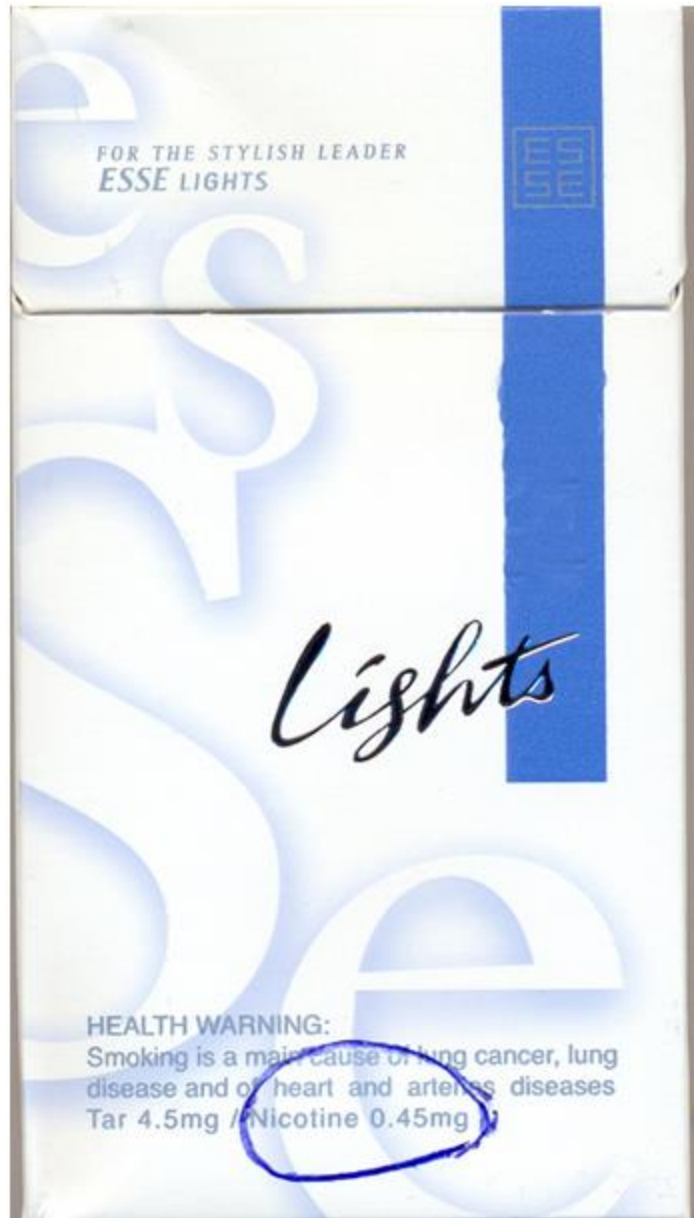
**William White:** Have you had to change the DST method in applying it to nicotine addiction compared to how you have used it in the treatment of other addictions?

**Mr. Hossein Dezhakam:** No, there weren't many changes. The principle of the DST method is constant, meaning "D," the decrease Coefficient is 0.8; "S," step time is 21 days at each level; and "T," minimum time is 10 months. But in the DST method applied for cigarettes, there is no change in initial oral nicotine dose for 3 months. These first 3 months are for initial adjustment to oral usage, with tapering oral nicotine usage starting at the 3-month mark. Another issue is usage timing. In implementation of the DST method applied to cigarettes, there is no specified time to take oral nicotine, but the daily usage amount shouldn't be more than the specified Amount. Its okay if it becomes slightly less than the specified amount as long as tapering does not occur too quickly.

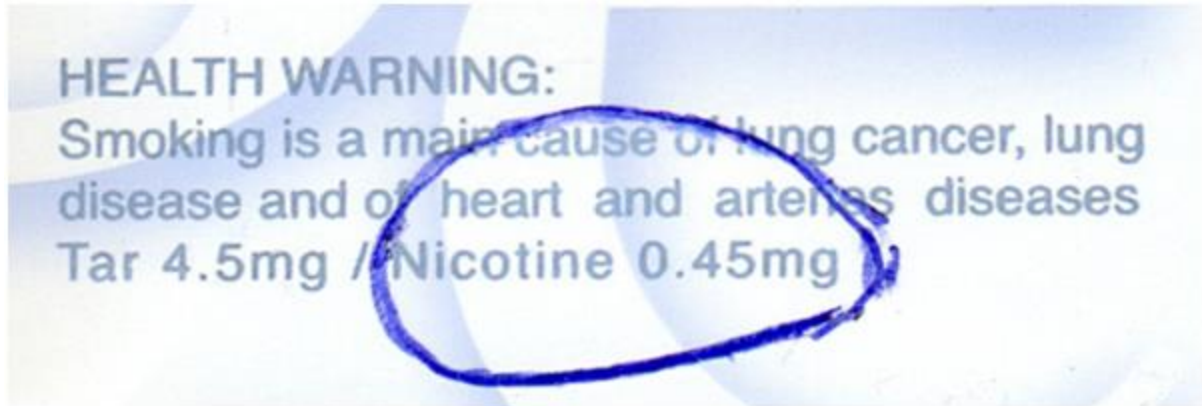
**William White:** How do you calculate the amount of oral nicotine to be taken?

**Mr. Hossein Dezhakam:** from the pack of cigarettes, and number of cigarettes that smoker smokes per a day. For example, someone smokes 30 cigarettes per day; firstly from the pack of cigarettes the amount of nicotine in a cigarette is obtained, for example the nicotine amount of a cigarette is 0.50 milligram. Now if we multiply the amount of cigarette nicotine in smoker daily usage, the daily nicotine amount will be obtained.  $30 \times 0.5 = 15$  milligrams nicotine per day

**William White:** How do you calculate the number of nicotine gums for one day?



**Mr. Hossein Dezhakam:** The amount of nicotine in each piece of nicotine gum is written on the package. For example, the nicotine amount of each nicotine gum is 2 milligrams in one pack, and the nicotine amount usage per day divided by the amount of nicotine in the gum will be the number of nicotine gums needed.  $15/2=7.5$  (number of nicotine gums).



I suggest dividing each gum into four parts, and every day we put our nicotine gums in a small box just like a pack of cigarettes and chew one or two parts any time we desire. If each nicotine gum contains 2 milligrams of nicotine, and we divide this gum into four parts, then each part contains 0.50 milligrams of nicotine.





**William White:** Smokers have been using nicotine gum for years in order to stop smoking. What is distinctive in using the DST method that makes it more successful?

**Mr. Hossein Dezhakam:** That's a good question. Nicotine gum has been used for years now, but the key is how the nicotine gum is used. I believe the longer tapering period using the DST method will prove more successful than the usually shorter periods that people have used the nicotine gum. Time will tell. We will be studying our degree of success and sharing our results with the world.

**William White:** What other supports are provided to those seeking to quit smoking?

**Mr. Hossein Dezhakam:** The most important support is knowledge and applying the proper and scientific method in order to cure smoking. Volunteers can also join the William White's legion, which are groups we have formed to support members who have chosen to stop smoking. We named the legion after you because all the members of Congress 60 are familiar with you, and because I value our friendship and the research that you have done.

**William White:** I consider that a great honor. Are these methods of support provided on a voluntary basis or is this now mandated for all members of Congress 60?

**Mr. Hossein Dezhakam:** It's on a voluntary basis for now, and people who want to participate in this project must have stopped drug usage at least for one year. In other words, they may get involved in this project one year after their addiction redemption, and I do not recommend it for people who are still in treatment. They must firstly cure their alcohol or narcotics addiction and then they could get into this project in order to stop their cigarette smoking as well. Of course we may change our decision in future as we gain more knowledge about the above-mentioned issue.



**William White:** Have you observed or had reported any changes in the quality of recovery of those who have stopped smoking?

**Mr. Hossein Dezhakam:** Yes I have, especially among athletes of Congress 60; smoking cessation had a great impact on their breath, lungs, sleeping, coughing during sleeping, and also on their self-confidence.

**William White:** How many people are now a part of these smoking cessation efforts?

**Mr. Hossein Dezhakam:** After smoking cessation, using DST method principles and chewing nicotine gum, and because I fully believed in this approach, I declared it among Congress 60 members after my hospital discharge and asked for some volunteers to become involved in the smoking cessation project. After 3 months, I chose 30 of them who had stopped smoking completely as my assistants, and they are the guides of the smoking cessation project. Every one of them has some students now, and I think there are more than 150 people who are now part of the smoking cessation project.

**William White:** How would you describe the attitudes toward this change in Congress 60 among those who continue to smoke?

**Mr. Hossein Dezhakam:** I think most of them believe that there is a new applied method for smoking cessation now. Some of them are waiting to see the results of others who are volunteered in this project about whether they will cure their smoking or not. Some others are getting involved in this project, and all in all, I think the number of people who want to stop smoking will continue to increase.

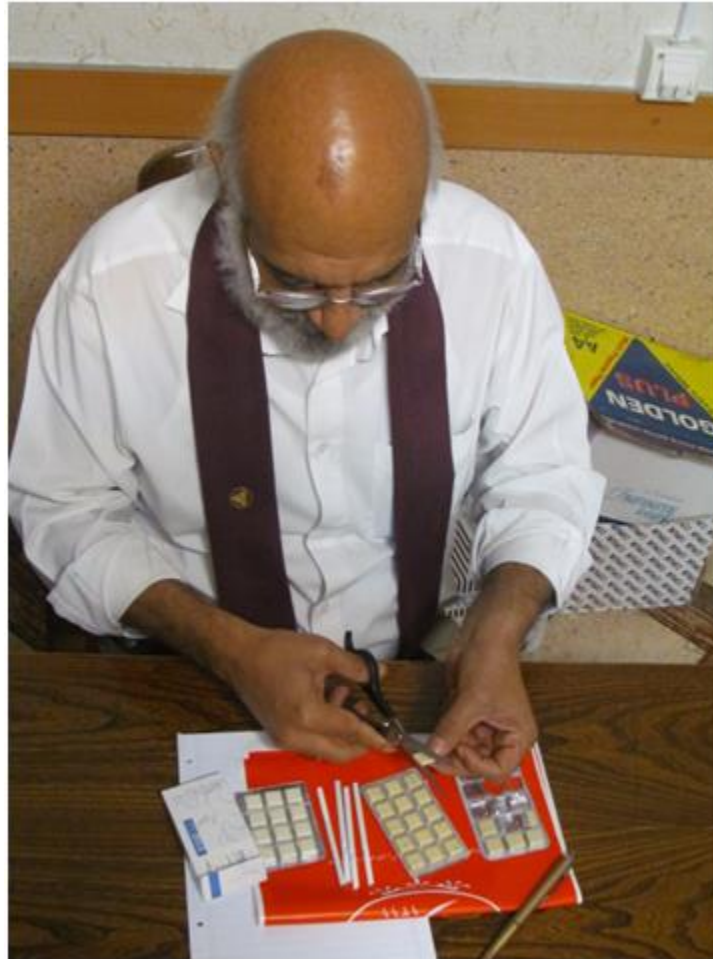
**William White:** How do you now view smoking as an issue for people in recovery from other addictions?

**Mr. Hossein Dezhakam:** I believe if a person does not have any diseases, it's better to stop smoking one year after other addictions are cured, and I think smoking cessation is easy chewing nicotine gum using the DST method principles.

**William White:** I know you are collaborating on scientific studies of your approach to smoking cessation, but I am wondering if you could share your experience to date about how successful these methods are proving to be.

**Mr. Hossein Dezhakam:** Dear Bill, my experiences on alcohol, narcotics, drugs, and nicotine addiction shows that the professionals have missed an important fundamental and scientific point on this matter, and I believe they won't reach the certain addiction cure unless they pay attention to this important matter.

**William White:** What is this point, would you please explain it more?



**Mr. Hossein Dezhakam:** I will raise the issue with a simple question, "What is the reason that if somebody drinks alcohol, he or she will become drunk? Or if someone uses narcotics, his temperament will change, or smoking a cigarette in a weaker manner changes mental state? But other foods and drinks do not have such an influence? Drinking too much water won't make us drunk!"



The answer is simple, because alcohol, narcotics, nicotine, etc., can pass through the blood-brain barrier or cross the brain capillaries. These influence brain functioning and change the temperament of the human being, thus it should be expected that someone's brain exposed to narcotics, alcohol or even nicotine will undergo biochemical changes. And my experience shows that in order to cure alcohol, narcotics, and drugs and smoking addiction, we must change the biochemical state of the brain toward natural balance. To do so, we need 3 important factors:

1. Appropriate substance
2. Time
3. Appropriate method

The DST method is capable of curing any kind of addiction whether it is narcotics, alcohol or nicotine physiologically, in a tremendous way. The DST method for smoking cessation is an applied, inexpensive and easy approach.

**William White:** Hossein, thank you for another engaging interview. It is always a pleasure to talk with you.

# 14

## **Congress 60: A Recovery Community in the Islamic Republic of Iran**

**William L. White, M.A.**

(Published in abridged form in *Counselor*, 2016, 17(5), 47-51.)

The recent rise in opiate addiction within the Islamic Republic of Iran has triggered a wide variety of cultural and professional responses (Mokri, 2002; Razzaghi et al., 1999; Shariatirad & Maarefvand, 2013). Over the past three decades, such responses have varied widely--from detoxification units, inpatient and outpatient addiction treatment services, and opium rationing for older addicts to harsh anti-drug measures that included fines, corporal punishment, and labor camps (Afkhami, 2009; Calabrese, 2007; Figg-Franzoi, 2011). Recent efforts have included prison-based treatment, the expansion of therapeutic communities and methadone maintenance clinics, specialized treatment for women, and expanded education and harm reduction services.

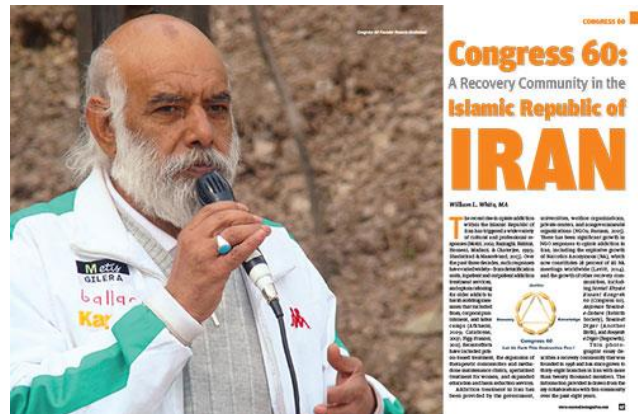
Addiction treatment in Iran has been provided by the government, universities, welfare organizations, private centers, and non-governmental organizations (NGOs; Farnam, 2005). There has been significant growth in NGO responses to opiate addiction in Iran, including the explosive growth of Narcotics Anonymous (NA), which now constitute 28% of all NA meetings worldwide (Lavitt, 2014), and the growth of other recovery communities, including Jamiat EhyaeEnsani Kongreh 60 (Congress 60), Anjoman Tavalod-e-Dobare

(Rebirth Society), Tavalodi Digar (Another Birth), and Rooyesh e Digar (Re-growth).

This photographic essay describes a recovery community that was founded in 1998 and has since grown to 38 branches in Iran with more than 20,000 members. The information provided is drawn from the author's collaborations with this community over the past eight years.



## Congress 60



When Mr. Hossein Dezhakam became addicted to alcohol, hashish, and opium, he applied his training as an engineer to experiment with ways he could break his addiction to these substances. After multiple attempts, he stumbled on a method of tapered

pharmacotherapy using tincture of opium that led to his successful recovery. In 1998, he founded a community, Human Revivification Society (Congress 60), to help others seeking addiction recovery. There was initial resistance to the use of opium tincture (OT) in the treatment of addiction, but this changed as the number of people achieving stable recoveries grew within Congress 60.

Congress 60 is organized into branches (16 in Tehran and 22 in other Iranian cities) and around six key roles: *Guardian* (founder/director), *Didehban* (14-member parliament of Congress 60 responsible for overall policy and planning), *Marzbans* (a seven-person executive team), *Mosafer* (travelers, those seeking treatment and recovery from addiction), *Hamsafar* (companions, family members, and friends of each traveler) and the *guides* who supervise the treatment process.

#### CONGRESS 60

##### Congress 60

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Congress 60 is organized into branches—sixteen in Tehran and twenty-two in other Iranian cities—and around six key roles: guardian (founder/director), *didehban* (fourteen-member parliament of Congress 60 responsible for overall policy and planning), *marzbans* (a seven-person executive team), *mosafer* (travelers, those seeking treatment and recovery from addiction), *hamsafar* (companions, family members, and friends of each traveler), and the guides who supervise the treatment process. Congress 60 members regularly meet in large workshops presented by Congress 60 leaders or by university professors who volunteer their time to Congress 60. Following each workshop, each of the guides meets with their assigned students (legion) in a discussion group.

Financial support for Congress 60 activities comes almost exclusively from voluntary donations collected from members at the end of each session. There are no paid employees of Congress 60; all roles serve in a voluntary capacity.

The philosophy of Congress 60 is outlined in two books written by Dezhakam: *Crossing the Zone—Six Days from Below Zero* (2011) and *Lower Fourteen Valleys for Recovery* (2011). These books portray addiction as an affliction of the body, psyche, and worldview and express the need to address each of these dimensions within the recovery process.

The theory of addiction that undergirds the physical methods of treatment



within Congress 60 is based on what Dezhakam describes as the X system:

*The X system is an entity that contains all the neurotransmitters and hormones in the human's body. All our spiritual, psychological, emotional, sexual, and physical activities are influenced by this system . . . Drug addiction involves a chronic substitution of narcotics, alcohol, and prescription medicine instead of natural opioid substances inside our body—substances like dopamine, endorphins, and serotonin. Having the above definition in mind, we can see that when external substances like drugs and alcohol are imported into the body for a prolonged period of time, the X system is damaged extensively and this in turn causes an imbalance, dysfunction, and disruption within the physical system . . . In fact, understanding the X system and anti-X factors are the important parts of a definitive cure of addiction (Dezhakam qtd. in White, 2011).*

Recovery within Congress 60 is depicted as a three-stage journey:

- Using reparative medicine (opium tincture) for eleven months
- A drug- and medication-free process of physical, mental, and emotional rejuvenation and self-discovery
- A perpetual spiritual process of understanding the order and mystery of the universe

The first two stages are viewed as sufficient to overcome addiction, with the third viewed as a heightened level of spiritual development and community service.

One of the most unique aspects of Congress 60 is its use of sports—and more recently, music and the arts—in the recovery process. Each week, travelers and companions are involved in



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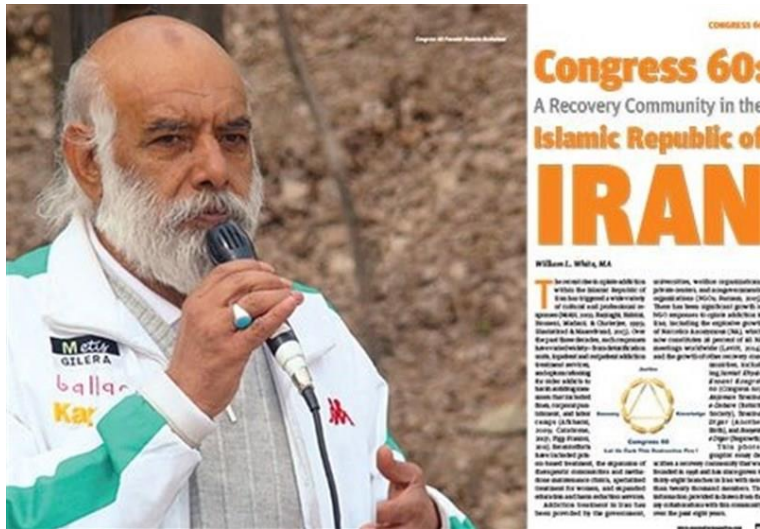
Recovery within Congress 60 is depicted as a three-stage journey: 1) using reparative medicine (opium tincture) for 11 months, 2) a drug and medication-free process of physical, mental, and emotional rejuvenation and self-discovery, and 3) a perpetual spiritual process of understanding the order and mystery of the universe. The first two stages are viewed as sufficient to overcome addiction, with the third viewed as a heightened level of spiritual development and community service.

One of the most unique aspects of Congress 60 is its use of sports, and more recently, music and the arts, in the recovery process. Each week, travelers and companions are involved in such competitive sports activities as soccer, volleyball, rugby, archery, badminton, table

tennis, and body building. Teams representing Congress 60 in archery, rugby, dart, and traditional body building have made it up to National Levels of competition in Iran. The entire Congress 60 community is also involved in numerous community service projects.



Congress 60 has collaborated with research scientists on a variety of recent addiction-related studies and Congress 60 is currently collaborating with research scientists on the evaluation of long-term outcomes of the Congress 60 approach.



## Commentary

In a recent profile of Congress 60, I noted: “Distinctive features within Congress 60’s approach to the treatment of addiction include its integration of biological, psychological, social, and spiritual understandings of addiction and addiction recovery; a unique pharmacotherapy protocol; integration of pharmacotherapy within a vibrant recovery culture; the intense involvement of family and social network members within the treatment and recovery support processes; and a novel approach to the integration of sports, music, and the arts in the reconstruction of personal identity, personal relationships, and daily lifestyle” (White, in press). Addiction professionals from the U.S. will be struck by this integration of elements ranging from methadone maintenance to therapeutic communities and from social model programs to our increasingly diverse recovery mutual aid groups: pharmacological support during early recovery, a strong sense of community identity, social fellowship, mentoring by others in recovery, a reorientation of personal values and worldview, and the use of recovery literature to guide one’s recovery process.

Given the increasing calls to integrate harm reduction and abstinence-based treatment (Evans, White, & Lamb, 2013; Kellogg,



2003; Marlatt, Blume, & Parks, 2001) and calls for more recovery-oriented approaches to methadone maintenance (White, 2012; White & Torres, 2010), Congress 60 provides a vivid example of how maintenance medication can be wrapped in a rich milieu of psychosocial support for individuals and families seeking support for long-term addiction recovery. Congress 60 integrates theoretical constructs and practices from both approaches and adds elements found in neither.

The unique elements that have been combined within Congress 60's approach to addiction recovery warrant extensive and rigorous studies to measure their effects on long-term recovery and to isolate the most potent ingredients within this approach.

**Acknowledgement:** Mr. Hossein Dezhakam provided valued assistance in the preparation of this article, and Ehsan Ranjbar provided numerous translations of communications between the author and Dr. Dezhakam. Interviews with Mr. Hossein Dezhakam are available at [www.williamwhitepapers.com](http://www.williamwhitepapers.com).

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## **A Pilot Study of Smoking Cessation within an Iranian Addiction Recovery Community**

**William L. White, M.A., Reza Daneshmand, M.D., Rod Funk, B.S., and Hossein Dezhakam, B.S.**

(Published in abridged form in *Alcoholism Treatment Quarterly*, 2016, 34(1), 15-29.)

### **ABSTRACT**

Tobacco dependence is ubiquitous among people seeking treatment for other substance use disorders, compromises recovery outcomes, and elevates long-term morbidity and mortality of people recovering from other addictions. The present study: 1) identifies the organizational and personal motivators for smoking cessation within a recovery community (Congress 60) in the Islamic Republic of Iran, 2) describes a novel method of smoking cessation that combines prolonged nicotine replacement therapy (NRT) with a broad spectrum of psychosocial supports to achieve sustained smoking cessation and improved health and quality of life (HQOL), and 3) presents preliminary follow-up data on the first 100 individuals who participated in this pilot effort. The high retention rate, low reported nicotine cravings during and following NRT, high one-year post-NRT abstinence rates, and reported improvements in HQOL of study participants warrant further evaluation and potential replication of the smoking cessation methods used within Congress 60.

**Keywords:** tobacco dependence, smoking cessation, nicotine replacement therapy, peer recovery support

## **Introduction**

Smoking (nicotine dependence) remains the leading cause of preventable disease and death worldwide in spite of international advances in tobacco control policies, public education, and research-informed methods of smoking cessation (Giovino et al., 2012). One-third to one-half of lifelong smokers will die of smoking-related illnesses (USDHHS, 2004). Smoking-related disease and death exact a particularly heavy toll on people with co-occurring drug dependencies.

People seeking treatment for addiction other than nicotine dependence report exceptionally high (80%+) rates of smoking (nearly four times the rate of reported in the general population; Ong, Zhou, & Sung, 2011), more severe patterns of nicotine dependence (Bien & Burge, 1990; Burling, 2003), and fewer smoking cessation attempts than smokers without co-occurring drug dependencies (Hays et al., 1999). As a result, people treated for alcohol or drug dependence are more likely to subsequently die from smoking-related diseases than from other drug-related causes (Hser, McCarthy, & Anglin, 1994; Hurt et al., 1996). Research to date confirms that concurrent addiction to nicotine and other drugs amplifies the health risks of each addiction and the total burden of associated diseases (Kalman, Kim, DiGirolam, Smelson, & Ziedonis, 2010).

Such findings have sparked growing interest in integrating smoking cessation resources within professionally-directed addiction treatment and in peer-led recovery mutual aid fellowships and other recovery community organizations (White, 2008, 2014). Such efforts have further accelerated in the wake of three critical research findings: 1) smoking cessation attempts in early recovery from other drug addictions do not increase cravings for those other drugs (Cooney,

Cooney, Pilkey, Kranzler, & Onken, 2003), 2) continued smoking during and following treatment for alcohol and drug dependence is a risk factor for resumption of alcohol and other drug use (Sobell, Sobell, & Kozlowksi, 1995), and 3) smoking cessation reduces the risk of relapse and increases the odds of sustained recovery from alcohol and other drug addictions (Bobo, McIlvain, Lando, Walker, & Leed-Kelley, 1998; Hughes, Keely, & Naud, 2004; Kalmon et al., 2001, 2010; Kohn, Tsoh, & Weisner, 2003; Lemon, Friedmann, & Stein, 2003; McCarthy, Collins, & Hser, 2002; Prochaska, Delucchi, & Hall, 2004; Satre, Kohn, & Weisner, 2007; Stuyt, 1997). Also influential have been findings that smoking cessation increases life expectancy; reduces risk of heart disease, heart attacks, strokes, and cancer; and leads to a more rapid process of brain recovery from other addictions (American Legacy Foundation, 2010; Kalman, et al., 2010).

Most smokers regret starting to smoke (90%), want to quit and have made a prior attempt to quit (70%), or are currently trying or planning to quit (40%) (Hughes, Marcy, & Naud, 2008; Bonnie, Stratton, & Wallace, 2007), but relapse rates are high following smoking cessation attempts (American Legacy Foundation, 2014). Successfully quitting smoking often involves cycles of abstinence, lapse, relapse, remorse, remotivation, and renewed abstinence attempts (Bonnie, et al., 2007). Those who attempt to quit smoking report an average of 8-11 quit attempts before succeeding, with most relapsing within the first eight days following their last cigarette (Hughes et al., 2004; USDHHS, 2001).

The professional treatment of nicotine dependence currently integrates medical interventions such as nicotine replacement therapy (NRT); targeted medications such as varenicline, bupropion, or cytisine; and various forms of behavioral and social support for smoking cessation. While these methods are being integrated into some addiction treatment programs, the field has yet to forge a systematic response to the issue of nicotine dependence and its consequences.

Also of concern is the lack of response to this issue by addiction recovery mutual aid fellowships.

The present study explores the introduction of a smoking cessation track within Congress 60--a prominent recovery community within the Islamic Republic of Iran. The study: 1) identifies the organizational and personal motivators for smoking cessation within Congress 60, 2) describes a novel method of smoking cessation that combines prolonged NRT and a broad spectrum of psychosocial supports, and 3) presents preliminary follow-up data on smoking status and health and quality of life (HQOL) of the first 100 individuals who participated in this pilot effort.

## **Methodology**

*Setting* Congress 60 is a recovery community in the Islamic Republic of Iran founded by Mr. Hossein Dezhakam in 1998 to address problems of opioid and other drug addictions (Dezhakam, 2011b). Congress 60 has 19 branches in Tehran and 22 branches in other Iranian cities. It provides more than 6,800 educational workshops each year with an average of 150 participants per workshop. Congress 60 currently has more than 25,000 members in its branches (White, in press). The recovery program of Congress 60 consists of the DST method (an 11-month process of drug tapering using opium tincture, see White, in press) combined with intensive psychosocial support provided within a philosophy of recovery called the 14 Valleys (Dezhakam, 2011b) that is analogous to the Twelve Steps of Alcoholics Anonymous. Members are provided Guides (peer mentors/coaches) and are encouraged to become engaged in a broad spectrum of athletic, religious, artistic and cultural activities within Congress 60, and the larger community (Dezhakam, 2011a).

Historically, there was no systematic approach to address the high smoking rate of Congress 60 members (90%+ compared to the 11.3% daily smoking rate in Iran; Meysamie et al., 2010, 2012) other than

informal encouragement to switch to lower tar or nicotine brands and reduce the number of cigarettes smoked per day. This changed in 2012 when Mr. Dezhakam experienced a near-death health crisis (heart attack requiring resuscitation). This event triggered a re-evaluation of the effect of nicotine addiction on HQOL in long-term recovery from other addictions. As a result, a voluntary program of smoking cessation was initiated within Congress 60. To date, more than 300 members of Congress have completed nicotine replacement (as of February 20, 2015).

*Subjects* The first 100 members who voluntarily enrolled in the smoking cessation program within the 19 Congress 60's Tehran branches, following appropriate informed consent procedures, were invited to participate in a pilot study evaluating the effectiveness of the methods being used to achieve smoking cessation. The subjects were primarily male (89%), middle-aged (40.1% mean; SD 10.9%), and married (75%) with children (63%). Fifty-one percent of subjects had completed high school and an additional 25% had attended or completed college or had an advanced degree. Seventy-seven percent of subjects were employed. Ninety-one percent of subjects had entered Congress 60 seeking recovery from opioid addiction (opium, opium sap, charred opium, heroin, methadone or other narcotics). Ninety-two percent had used the DST method of tapering with opium tincture that was recommended within Congress 60. All of the subjects had been involved in Congress 60 for six months or more before participating in the smoking cessation pilot. Fifty-seven percent of subjects began smoking before the age of 18, and subjects averaged smoking 24.2 cigarettes per day prior to entering the study (compared to the average of 13.7 cigarettes per day for all smokers in Iran, Meysami, Ghaletaki, Zhand, & Abbasi, 2012). Fifty-three percent reported no past quit attempts, while others had attempted to quite using unaided withdrawal (38%), using bupropion without NRT (1%), or NRT without adjunctive medication (8%). The average longest period of prior smoking abstinence since establishment of nicotine addiction



among the 100 subjects was 10 days. Of the 100 subjects, 12% had been diagnosed with prior cardiovascular problems, 11% with respiratory disease, 8% with a psychiatric illness, and 22% with other medical conditions.

*Intervention* The pilot study involved evaluation of the self-perceived effects of a voluntary program of smoking cessation by selected members of Congress 60. The smoking cessation intervention involved three steps: 1) calculating each individual's daily baseline nicotine dosage achieved through smoking and then switching nicotine intake from smoking to an equivalent dosage of nicotine gum for a period of three months, 2) then progressively decreasing the daily dosage of nicotine gum over a subsequent period of at least 10 months, and then continuing the psychosocial supports extended through steps 1 and 2 for an indefinite period following nicotine abstinence. During the stabilization and tapering period, subjects were provided a trained "guide" who had achieved at least three months of abstinence following smoking cessation. All subjects were encouraged and expected to participate in weekly special "legion" meetings (group support meetings for members of Congress 60 committed to smoking cessation).

The approach to nicotine replacement and subsequent abstinence is modeled on the "DST method" used in the treatment of other drug addictions within Congress 60, with the "D" meaning the decrease coefficient of 0.8 (and which is the first initial of Dezhakam who is the designer of the DST method) at each increment of dose reduction, "S" meaning that each step of dosage reduction is maintained for at least 21 days, and "T" meaning the minimum time between initiation of nicotine replacement and complete nicotine abstinence is at least 10 months. For example, one who is using 20 milligrams of nicotine will be first tapered ( $20 \times 0.8 = 16$  milligrams) and then 21 days later tapered again at the 0.8 level. Of the multiple methods of nicotine replacement therapy (gum, transdermal patch, oral nicotine spray, nasal spray, inhaler and sublingual tablets/lozenges), nicotine gum was

chosen as a method of NRT because of its over-the-counter availability, affordability, ease of dose regulation, ability to accommodate individual differences in nicotine metabolism, ability to rapidly address situation-induced cravings, its reported minimum of adverse effects, and past studies affirming the utility of NRT and the use of nicotine gum with persons undergoing addiction treatment (Ahmadi, Ashkani, Ahamadi, & Ahmadi, 2003; Carpenter et al., 2013; Cooney et al., 2009; Heydari, Masjedi, et al., 2014; Heydari, Talischi, et al., 2014; Raupach, Brown, Herbec, Brose, & West, 2013).

In the DST method of smoking cessation used in the pilot, there was no change in initial oral nicotine dose during the first three months of initial adjustment to oral nicotine ingestion. Tapering of oral nicotine started at the 3-month mark. For each subject, the baseline oral nicotine dose was calculated based on the number of cigarettes smoked per a day. The desired dosage was achieved by dividing each piece of 2 milligrams nicotine gum into fourths (with each part containing 0.5 milligrams) and consuming the total prescribed daily amount in increments at times chosen by each subject. With the DST method, the focus was not on immediate cessation of nicotine dependence, but on needed restoration and repair of metabolic and emotional functioning—healing that through experience was thought to require an average of 10-11 months. Subjects who wanted to move at a faster pace toward nicotine abstinence were discouraged from premature cessation as experience with the DST method with other addictions had linked such premature efforts to an increase risk of relapse (White, 2012, in press).

Psychosocial support during nicotine replacement therapy consisted of four elements. The first element was assignment of a guide who met with each subject weekly to provide information on the DST method, establish the proper nicotine tapering schedule, check on weekly progress, discuss any problems that are arising and offer suggestions based on personal and collective experience. The second element was participation in the weekly “legion” mutual support

meetings for those members of Congress 60 who have committed themselves to smoking cessation. These legions, facilitated by the trained guides, operate within each branch of Congress 60, with the number of members in each legion ranging from two to 20. Legion meetings were available to and used by all of the study participants. These weekly meetings consisted of mutual sharing and support, review of problems being encountered, and discussions of potential solutions. The legion meetings helped members cope with stressors without reverting to smoking or other drug use. The third dimension was an emphasis on the involvement of legion members in the larger athletic, artistic, cultural, and community service activities of Congress 60. These activities provided alternatives to smoking as well as social relationships in which the value of smoking cessation was extolled. The fourth element was a re-orientation of one's understanding of addiction recovery as encompassing smoking cessation. This latter dimension of spirituality or worldview involved use of the principles within the 14 Valleys to cope with any physical or psychological discomforts of smoking cessation.

*Research Questions* The pilot study of smoking cessation within Congress 60 tested four research questions. One year following participation in tapering and group support, what percentage of study participants will report: 1) successful completion of the smoking cessation protocol, 2) having experienced minimal nicotine craving during and following the period of NRT, 3) sustained smoking cessation without relapse, and 4) significant improvements in HQOL.

*Instrumentation and Measurement* 100 subjects were interviewed at intake and at follow-up using a standardized intake form and follow-up interview protocol. The interviews were all conducted by Dr. Reza Daneshmand, a psychiatrist practicing in Tehran, who was recruited to assist with the research. Intake data collection spanned nicotine addiction history, history of other addictions, history of physical and mental illnesses, and motivations for wanting to quit smoking. Post-treatment data collection reporting status during and following the

smoking cessation procedures spanned ratings of craving intensity, nicotine abstinence or use, HQOL measures, and degree of participation in support group activities. Data collected by Dr. Daneshmand were coded and electronically transmitted to research staff at Chestnut Health Systems in Bloomington, Illinois (USA) for analysis.

*Ethical Oversight* The study design and human subject protections were approved by the Chestnut Health Systems Institutional Review Board.

## Findings

Baseline and follow-up data were available for 93 of the 100 study participants. The average time between completion of nicotine replacement and follow-up was 9.7 months, with a range from 1 to 19 months.

*Motivation for Smoking Cessation* Study subjects ranked their motivations to stop smoking within the following four primary categories: concerns about physical/psychological health (82%), social and job issues (57%), family issues (38%), and economic issues (11%).

*Retention* There was an exceptionally high retention rate within the study, with 93 of 100 completing the process of smoking cessation and participating in follow-up interviews.

*Ratings on Level of Nicotine Craving* The average rating of nicotine craving during the months of NRT was 2.4 out of 10 with 0 representing lowest and 10 representing highest level of experienced craving. The reported range was from 1 to 8. The average rating of craving for smoking after completion of NRT was 1.2 out of 10 with a range of 0 to 3.

*Ratings of DST Method of Nicotine Replacement* Participants rated the DST nicotine replacement method on a scale from 0 (not effective) to 10 (extremely effective) with an average rating of 9.6 out of 10.

*Degree of Participation in and Helpfulness of Legion Meetings* The degree of self-reported sharing within the legion meetings spanned no

sharing in meetings (5%), seldom sharing in meetings (26%), and frequent sharing in meetings (69%). The average rating of perceived helpfulness of legion participation was 8.7 out of 10 with 58% rating helpfulness at 10 out of 10.

*Intervention and Post-intervention Rates of Smoking Abstinence*

Eighty-five percent of participants reported no smoking during the months of NRT using the DST method, 8% reported smoking 1 cigarette, and 8% reported smoking 2-7 cigarettes. After completion of DST nicotine replacement, only 1 participant reported smoking (1 cigarette); the rest reported no smoking (N= 92).

*Health and Quality of Life (HQOL) Ratings following Smoking Cessation*

Ninety-two of 100 study subjects reported HQOL ratings at the point of follow-up (See Table 1).

**Table 1: HQOL Rating at Smoking Cessation Follow-up (n=92)**

	No Change	Somehow Better	Better	Improving	Worse
Evaluation of physical health after smoking cessation	1.1%	2.2%	30.4%	65.2%	1.1%
Evaluation of sports and exercise after smoking cessation	1.1%	4.3%	35.9%	57.6%	1.1%
Evaluation of appearance	3.3%	9.8%	48.9%	37.0%	1.1%

after  
smoking  
cessation

Evaluation of  
mental  
abilities after  
smoking  
cessation

15.6% 27.8% 40.0% 16.7% 0.0%

Evaluation of  
psychological  
status after  
smoking  
cessation

6.5% 20.7% 41.3% 31.5% 0.0%

Evaluation of  
family  
relationship  
after  
smoking  
cessation

3.3% 12.0% 37.0% 47.8% 0.0%

Evaluation of  
job abilities  
after  
smoking  
cessation

17.4% 17.4% 45.7% 19.6% 0.0%

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*Differences in Outcomes by Source of Primary Motivation for Smoking Cessation* Ratings for craving for smoking during and after nicotine replacement, the degree of sharing and effectiveness ratings of legion meetings, and post treatment abstinence rates were examined

to see if they differed by the sources of motivation for smoking cessation (e.g., family issues, psychological or physiological issues, and job or social issues). T-test analysis did not reveal any significant differences ( $p < .05$ ) on any of these outcomes by whether or not the subject endorsed the particular motivator as a priority. We did see one trend on craving for smoking during nicotine gum taking in which those who said social and job issues were a priority reported higher craving ( $M = 2.7$ ) than those who did not ( $M = 2.1$ ;  $p = .081$ ). We also examined the post-treatment status of such factors as physical health, sports and exercise, appearance, mental abilities, psychological status, family relationships and job abilities to see if they differed by the source of motivation for smoking cessation. Only one chi-square test was significant. Fifty-six percent of those reporting family issues as a priority to quit smoking rated their appearance after smoking cessation as improving compared to only 26% of those who did not endorse family issues as a priority,  $\chi^2(4) = 12.53, p < .01$ .

## **Discussion**

A study was conducted on a unique approach to smoking cessation piloted within Congress 60, a recovery community in the Islamic Republic of Iran. In-treatment and post-treatment outcomes were reported on 100 subjects enrolled in a smoking cessation pilot that combined a prolonged process of NRT with extensive psychosocial support.

The DST method of transitioned nicotine replacement to nicotine abstinence produced a 93% retention/completion rate among the 100 subjects. Several factors likely contributed to this exceptionally high retention rate. All subjects were already socially bonded members of Congress 60. Participants volunteered from a pool of thousands of Congress 60 members and were likely the most motivated to stop smoking. The emphasis on the value of smoking cessation and the importance of the study as communicated by Mr. Hossein Dezhakam,

the founder of Congress 60, likely served as an additional influence on the high retention rates among study participants. This retention rate does suggest that a recovery community in which tobacco dependence has become entrenched can implement changes that increase smoking cessation efforts.

Study participants reported minimal nicotine craving during and following use of the DST method of NRT. Craving ratings of 2.4 (in-treatment) and 1.2 (post-treatment) of a 1-10 craving intensity scale suggest that the DST method of NRT was able to suppress the intense cravings often associated with smoking relapse. The low reported cravings using the DST method are important in light of past research suggesting the strong link between craving intensity and smoking cessation outcomes (Wray, Gass, & Tiffany, 2013).

The authors did not anticipate the exceptionally high in-treatment (85%) and post-treatment (99%) abstinence rates. These rates are far higher than the one-year abstinence rates (less than 30%) reported in other smoking cessation studies (Cahill, Stevens, Perera, & Lancaster, 2013; Carpenter et al., 2013), including other studies in Iran (Heydari, Marashian, Ebn Ahmady, Masjedi, & Lando, 2012; Shahrokhi, et al., 2008). In fact, the rates were so high that little factor analysis was possible comparing those for whom this method was and was not effective.

This effectiveness in retaining smoking cessation participation, suppressing cravings and promoting in-treatment and post-treatment smoking abstinence is likely associated with four factors within the methods being piloted by Congress 60. First, the DST method combines NRT with behavioral techniques and social support for smoking cessation—a combination principle already established to have value in the smoking cessation research literature (Hartmann-Boyce, Stead, Cahill, & Lancaster, 2013; Stead & Lancaster, 2012a,b; Stead et al., 2012).

Second, the DST method of NRT provides a longer period of dose stabilization prior to tapering, and a much longer period of tapering



than is usually found within the smoking cessation literature (Kotz, Brown, & West, 2014). Most studies of NRT sustain NRT for weeks, and only a few such studies have protocol that continue NRT for more than six months (Carpenter et al., 2013). The present study findings are consistent with earlier findings that cessation rates improve with a longer period of NRT (Siahpush et al., 2015), but the present study extends the duration of NRT far longer than in most previous studies and provides smaller increments of nicotine dose reduction.

Third, Congress 60 provides a highly intense and prolonged level of one-on-one guidance and mutual support that also capitalized on the therapeutic effects of helping as proposed by Riessman (1965) and confirmed in multiple studies of smoking cessation (Ford, Clifford, Gussy, & Gartner, 2013), and broader studies of addiction recovery (Pagano, Post, & Johnson, 2011; White, 2009). Earlier studies report increasing the odds of successful smoking cessation from 10-25% by adding behavioral/social support to NRT over short periods (e.g., weeks) of time (Stead & Lancaster, 2012a,b). The present study exponentially extended the duration of such support. The peer support component of the present study was designed to provide opportunities for mutual identification, visible role models for successful smoking cessation, increased self-efficacy, and opportunities for exposure to and mastery of new knowledge and coping skills. Every effort was made to channel the social contagion that once supported smoking among the members of Congress 60 to support smoking cessation.

Fourth, smoking cessation within Congress 60 occurs within the context of alternative activities and the reconstruction of one's worldview (framing smoking cessation within larger rubric of addiction recovery and spiritual renewal). This factor is analogous to the well-documented use of replacement activities, identity reconstruction, and the linking of addiction recovery to a larger meaning and purpose in life across religious, spiritual and secular frameworks of addiction recovery (Kurtz & White, 2015; Laudet, Morgen, & White, 2006; White, 1996). Future studies should attempt to disaggregate and measure the

influence of these respective factors. Collectively, these factors confirm the principle that smoking cessation rates improve with the increased intensity and duration of physical, psychological, social, and spiritual support for smoking cessation (Stead & Lancaster, 2012a,b; Zwar et al., 2015).

Subjects completing smoking cessation using the DST method of NRT also reported significant improvements in health and quality of life. When ratings of “better” and “now improving” were combined, substantial improvements in HQOL were reported in such areas as physical health (95.6%), participation in sports and exercise (93.5%), appearance (85.9%), family relationships (84.8%), psychological health (72.8%), job performance (65.3%), and mental abilities (56.7%). Such reports are consistent with other studies of the effects of smoking cessation on lowering morbidity and mortality risks and enhancing overall HQOL (Goldenberg, Danovitch, & IsHak, 2014).

## **Limitations**

The reported outcomes in this pilot study should be interpreted with great caution due to the limitations that often accompany small pilots that precede larger, more methodologically rigorous studies. Congress 60 is a unique recovery community in Iran whose members may differ significantly from members of other secular, spiritual and religious recovery mutual aid societies in Iran and in other countries as well as from patients seeking professionally-directed addiction treatment. The first volunteers to test the DST method of smoking cessation were also unique in that they were likely among the most motivated to stop smoking and most interested in enhancing the reputation of Congress 60 and its leadership. Future studies will be required to see if the reported outcomes can be sustained in future generations of Congress 60 members availing themselves of these methods. Resources were not available in the pilot study to compare the results of participants with a matched control group of individuals

using other methods of smoking cessation or other Congress 60 members who maintained their recovery from other drug dependencies but continued to smoke tobacco. The study also relied on self-report of smoking behavior without biochemical validation of smoking status via measurement of exhaled CO and self-reported changes in HQOL without independent verification of these changes. Future studies in Congress 60 and in other recovery community and professional treatment settings and with greater methodological rigor will help determine the degree to which the utility of the methods used within Congress 60 will be effective in other cultural and professional contexts.

## **Conclusions**

In spite of the noted limitations, the high retention rate, low reported nicotine cravings during and following NRT, the high one-year post-NRT abstinence rates, and the improvements in HQOL reported in this study all suggest the value in further testing of the smoking cessation methods used within Congress 60. Combining prolonged NRT, peer-based recovery support groups, inclusion of nicotine abstinence within the conceptual rubric of “addiction recovery,” and framing smoking cessation within the larger recovery-driven reconstruction of identity, relationships, and daily lifestyle may provide an effective framework of smoking cessation for individuals who are seeking or achieving recovery from multiple drug dependencies.

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