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Smoking Cessation within a Recovery Community: An Interview with Hossein Dezhakam, Congress60, Iran

William White

Introduction

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 Congress60 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.

In late 2012, I asked Mr. Dezhakam to reflect on the evolving attitudes toward smoking within Congress60. 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 Congress60?

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 Congress60 until 8 or 9 months ago, smoking was common in Congress60. 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 Congress60 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 Congress60 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 reevaluate the issue of smoking among members of Congress60?

Mr. Hossein Dezhakam: I was never ready to reevaluate the issue of smoking among members of Congress60 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 Congress60?

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 Congress60 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.

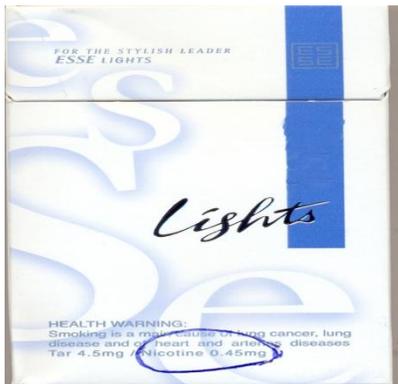
William White: Have you had to change the DST method in applying it to nicotine addiction compared to how you have used it in the treatment of other addictions?

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. It's okay if it becomes slightly less than the specified amount as long as tapering does not occur too quickly.

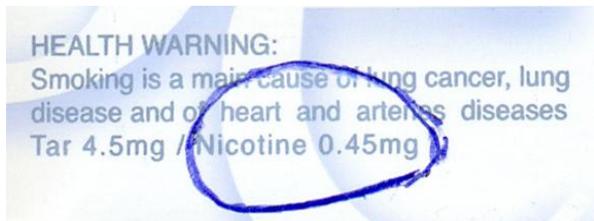
William White: How do you calculate the amount of oral nicotine to be taken?

Mr. Hossein Dezhakam: From the pack of cigarettes and the number of cigarettes that smoker smokes per a day. For example, if someone smokes 30 cigarettes per day, we begin by calculating the amount of nicotine in a cigarette, which is 0.50 milligrams. Now, if we multiply that amount by the smoker's daily usage, the daily nicotine amount will be obtained.
 $30 \times 0.5 = 15$ milligrams of 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).

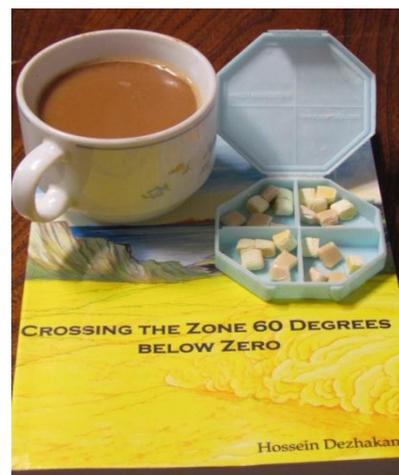




I suggest dividing each gum into four parts, and every day we put our nicotine gums in a small box just like a pack of cigarettes and chew one or two parts any time we desire.



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. Hussein 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 Congress60 are familiar with you, and because I value our friendship and the research that you have done.

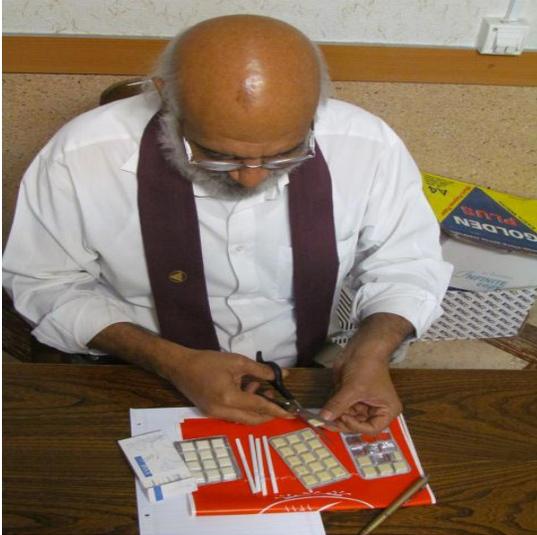
William White: I consider that a great honor. Are these methods of support provided on a voluntary basis or is this now mandated for all members of Congress60?

Mr. Hussein 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. Hussein Dezhakam: Yes I have, especially among athletes of Congress60; 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. Hussein Dezhakam: After smoking cessation, using DST method principles and chewing nicotine gum, and because I fully believed in this approach, I declared it among Congress60 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 Congress60 among those who continue to smoke?

Mr. Hussein 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. Hussein 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. Hussein 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. Hussein 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.