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**Congress 60:
An Addiction Recovery Community within the Islamic Republic of Iran**

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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 such as 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, which 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 recovery support methods of Congress 60.

Keywords: Iran, Congress 60, Hossein Dezhakam, DST Method, opium tincture

Introduction

The use of opium and other intoxicants among the people of Iran has a very long history (Mathee, 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 et al., 2007; Mokri, 2002; Razzaghi, Rahnimi, Hosseini, Madani, & Chatterjee, 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 a 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 (Razzaghi et al., 1999; Shariatirad & Maarefvand, 2013). Surveys of drug use in Iran report a dramatic rise between 1973 and 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, & Razzaghi, 2002).

The patterns of drug use in Iran primarily involve the smoking of opium residue (shire and sukhte) in pipes; the ingestion (dissolved in tea) of opium (thariac); and the smoking, inhalation, or injection of heroin, with growth in injection drug use contributing to increases in HIV and HCV infection (Mokri, 2002). Most (71%) of the opium and heroin consumed in Iran is purchased from illicit street dealers, often costing less than a pack of cigarettes. 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 (Razzaghi 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). Like heroin dependence, cessation of prolonged opium use produces both an acute and protracted (for months) withdrawal syndrome associated with intense drug cravings and drug-seeking behaviors, making the challenge not the initiation of recovery but the maintenance of long-term recovery (Rahimi-Movaghar et al., 2009).

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 & Motamed, 2003; Sharifi et al., 2012; Shekarchizadeh, Ekhtiari, Khami, & Virtanen, 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, & Dolan, 2006; Mokri, 2002; Sharifi et al., 2012). Women are most frequently introduced to drug use by their drug-using partner (Dolan, Salimi, Nassirimanesh, Mohsenifar, & Mokri, 2011). 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 et al., 2014), with prior histories of addiction treatment and incarceration and high rates of HIV and HCV infection (Eskandarieh et al., 2013; Shahrababaki et al., 2011; Zamani et al., 2006). Most opium and heroin users in Iran report multiple failed attempts to cease their drug use (Razzaghi 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; Figg-Franzoi, 2011). Temporary reductions in opium supplies during this period inadvertently contributed to rising heroin use among opiate-dependent citizens. During the early 1980s, provisions 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 (Afkhami, 2009). As a result, the Iranian government recommitted itself to a balance of demand and supply reduction efforts that expanded resources for addiction treatment and recovery support services (Calabrese,

2007). Early prevention and treatment activities were 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 (Afkhami, 2009). There was widespread use of pharmacotherapy (naltrexone and methadone maintenance) in hospitals (2000), outpatient clinics (2002), and 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 (Afkhami, 2009; Farnia, Ebrahimi, Shams, & Zamani, 2010; Tanner, 2013). Other milestones included the opening of the first therapeutic communities in Iran (2001; Mokri, 2002) 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, Mohsenifar, Allsop, et al. 2011; Movaghar, Langroodi, Ahmadi, & Esmaeili, 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. (Afkhami, 2009).

Since 1997, Addiction treatment in Iran has been provided by the government, universities, welfare organizations, private centers, and non-governmental organizations (NGOs; Farnam, 2005). NGO involvement in the prevention, treatment, and recovery support arenas includes 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), with NA membership since growing to more than 40,000 members (Maltais, 2011). A 2012 survey revealed that NA meetings in Iran made up 26% of all NA meetings worldwide—more than in any country outside the United States (Lavitt, 2014). 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 (Rahimi-Movaghar et al., 2011a,b).

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; Ahmadi, Babaei-Beigi, Alishahi, Maany, & Hidari, 2004; Ahmadi & Motamed, 2003; Esmaeli, Ziaddinni, Nikravesh, Baneshi, & Nakhaee, 2014; Rouhani, Kheirkhak, Salarieh, & Abedi, 2012), high post-treatment addiction recurrence rates (63-95%; Mohammadpoorasl et al., 2012; Mokri, 2002; Narimani & Sadeghieh, 2008; Rahimi-Movaghar et al., 2011a; Sadir et al., 2013), limited early improvement in quality of life during treatment (Kobra, Mohammad, & Alireza, 2012), and high reported rates of intergenerational addiction (Ahmadi, 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, Ezzati, & Mahboubi, 2014) suggested the potential of wrapping medications in a broader framework of ancillary recovery support services (Moeni, Razzaghi, Mahmood, & Pashaeie, 2014) and the potential role of NGOs in providing frameworks of sustained support for long-term addiction recovery and primary prevention (Calabrese, 2007; Razzaghi et al., 1999). NGOs 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), and Rooyesh e Digar (Re-growth). 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 & Rafeaie, 2012; Figg-Franzoi, 2011; Tabatabaei-Jafari et al., 2014; Tavakoli, 2013; Tavakoli, Sahaf, Ghaffari, Farhoudian, & Hayatbakhsh, 2012; 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 Dezhakam.

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—known 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, 'Let's 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 20,000 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 principal 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. The *Stadmabroz aba Movad Mokhdar* (Iranian Drug Control Headquarters) supported a pilot project on heroin, opium, hash, and alcohol detoxification with opium tincture for 1,000 persons in Congress60. The pilot is now completed, and results are currently being prepared for publication. Since completion of the pilot, more than 7,000 individuals are being treated with OT using the D.S.T. method within Congress 60.

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 Congress60: 1) assistant guide, 2) guide, and 3) master guide. 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), all are graduates of Congress 60 (those treated for addiction 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 within space provided by 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, 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, with some branches unable to accept newcomers because of the current service volume.

Philosophy: The philosophy of Congress 60 is outlined in two books by the founder: *Crossing the Zone 60 Degrees Below Zero* (Dezhakam, 2011a) and *Love, 14 Valleys for Recovery* (Dezhakam, 2011b). 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 express 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-stage 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. (Quoted in White, 2011, p. 15)

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 the 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. The DST method has also been adapted for smoking cessation and weight loss within Congress 60 (White, 2012b).

Recovery Education: The core of the re-education process within Congress 60 rests in a series of workshops (more than 23,000 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 14 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 embedded 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 Olympic sports 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 for 6 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, personal communication, 2014)

Music (learning to play an instrument or sing), theatre (performing in a play), and such activities as shared camping among members of various branches are similarly used to facilitate a reconstruction of personal identity and lifestyle within Congress 60. Also of note is the shaping of values and behaviors within Congress 60 related to such issues as order, punctuality, and respect for others, which is similar to that seen in early therapeutic communities.

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. (Hossein Dezhakam, quoted in White, 2011, p.14)

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, Rafiey, & Jahahbani, 2012; Namdarpour & Iravani, 2013; Tabatabaei-Jafari et al., 2014; Tavakoli et al., 2012; Zarrindast et al., 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 one of intense criminalization and repression to more balanced and progressive approaches emphasizing demand reduction, addiction treatment, and recovery support resources (Figg-Franzoi, 2011). The latter included encouragement for the development of recovery support services by non-governmental organizations (Aliverdinia & Pridemore, 2008). The present study profiles Congress 60, a prominent NGO currently providing treatment for drug addiction to more than 20,000 individuals and their families within its 38 branches in Iran. 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.

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, Robledo, & Maldonado, 2010). Yet, the method of pharmacotherapy Congress 60 derived from its X system theory uses a different agent (i.e., opium tincture), a substantial but limited (11 months) duration of pharmacotherapy, and a formula-prescribed tapering schedule that decelerates in tandem with increased psychosocial supports.

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 et al., 1993, 1994; Chandrasena, 1980; Jittiwutikarn et al., 2004; Nataparan, 2000; Somogyi et al., 2008) and utilized in Vietnam, Thailand, Laos, Vietnam, and Myanmar for detoxification (Ali et al., 2000; Richards & Henry-Edwards, 2002); 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 culturally acceptable alternative to methadone and buprenorphine in the treatment of opium addiction in Iran (Dahmardehei & Rafeaie, 2012; Mehrjerdi & Zarghami, 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 as well as 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 community is consistent with depictions of the resolution of severe AOD problems as a journey from enmeshment in a culture

of addiction to enmeshment in a culture of recovery (White, 1996), with this latter culture filling the vacuum created by the loss of the drug relationship and the rituals and social relationships within which excessive drug use 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 in Iran: strained family relationships and continuing involvement with drug-using friends (Rahimpour, Khankeh, Khoshknab, Farhoodian, & Farzi, 2012; Roshani et al., 2014).

Congress 60 provides a novel method of deleting addiction from one's life and 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) have 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 involving a journey of *recovering from* addiction to a journey of *recovering to* a life beyond addiction. 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, 2012a; 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.

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 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, & Batiki, 2008; McLellan, Woody, Luborsky, & Goehl, 1988; Schwartz, Kelly, O'Grady, Gandhi, & Jaffe, 2011), ancillary social services (McLellan et al., 1998), recovery mutual aid participation (White et al., 2014), or concurrent treatment in a therapeutic community (De Leon et al., 1995; Sorensen 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 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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