

THE *NARCONON*[®] DRUG REHABILITATION PROGRAM

A Descriptive Overview

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Introduction:

This paper provides a basic description of the *Narconon* Program components, the methodology applied and the underlying rationale behind the approach. A basic understanding of the main features of the program may help to consider what it may have to offer to individuals with substance abuse problems. A better appreciation of the program may be obtained through actual visits of *Narconon* facilities or participating as a student.

This overview of the *Narconon* Rehabilitation program is based on observations made during personal visits to various *Narconon* centers and interviews with *Narconon* staff and patients. It is also based on a review of the *Narconon* training manuals, policies and procedures and other client documentation. The author, Dr Alfonso Paredes became familiarized with the program through his participation as a non-salaried member of the Science Advisory Board for *Narconon* International. Dr Paredes is not an employee, staff member or paid consultant of the program.

Background of the Narconon Program

The *Narconon* Drug Rehabilitation program was first developed in an Arizona State Prison in 1966 by an inmate, William Benitez, who made use of concepts and methods written by the philosopher and humanitarian, L. Ron Hubbard, Benitez was impressed by the fact that Hubbard's writings focused on identifying the abilities necessary for constructive survival in society rather than on the disabilities affecting the individual. He was also impressed with the practical exercises developed by Hubbard to develop these

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abilities. He felt that by gaining these skills, the drug addict could learn to identify his problems and solve them. Benitez believed that the substance abuser had the potential to learn to communicate effectively with others, as well as able to define a set of personal ethical standards and become a responsible member of the community.

From the start the *Narconon* program had a strong educational orientation with the goal of teaching drug dependent individuals the broad range of skills necessary to maintain a drug free life style. Participants in this program are therefore called students rather than clients or patients.

Building on his perceived success that the program achieved within the institutional setting, upon his release from prison, Benitez established in 1967 in Los Angeles the first *Narconon* residential drug rehabilitation center. In 1970, Benitez legally incorporated the *Narconon* program as a 501(c) 3 non-profit public benefit corporation within the United States. At that point it received increased conceptual input and support from L. Ron Hubbard. Mr. Hubbard is well known as the Founder of the Scientology religion; however, the materials used in the *Narconon* program are based on his observations of the societal problems of drug abuse. The program is a humanitarian endeavor that does not promote or proselytize for any particular religion or religious principles.

As *Narconon's* activities evolved, Mr. Hubbard continued his inquiries into the drug problems and incorporated additional techniques to address the impact of drugs and alcohol on the individual. He introduced the use of the sauna as a method to manage some of the physical effects of substance abuse as well as a means of alleviating drug craving.

The *Narconon* treatment philosophy is clearly rationalized and the procedures and standards for the performance of all activities are defined and implemented according to manuals first published in 1990. The materials are copyrighted and are used to structure the program components into a well-defined logical sequence of steps or modules. The manuals are used by participants and staff to guide them in the implementation of the program.

Today the *Narconon* organization is an international network of drug rehabilitation and prevention centers that have broad acceptance as a resource to assist persons with problems of drug dependence. The replicability of the approach across several languages and cultures has contributed to making the *Narconon* network one of the fastest-growing drug rehabilitation programs in the world.

Program Rationale:

The *Narconon* program is not a “medical model” drug rehabilitation and does not rely on the concept that substance dependence is a “disease of the brain”. Rather it acknowledges that addiction involves a biochemical process in which the body is and has been poisoned and debilitated by the use of “xenobiotic” substances.

Addiction from the *Narconon* perspective is not viewed as a “disease” to be treated with substitute or alternative drugs. This perspective seems to be gaining support. Some authors have expressed concern regarding the current trend to resort to drugs to address daily life problems or disorders that may otherwise be handled through behavioral

approaches. These authors decry this tendency as “hedonistic pharmacology” which may contribute to recreational as well as the abuse of drugs^{1,2}.

It is also important to consider that the boundary between medical and addicting drug use is becoming blurred. The non-medical use of controlled prescription drugs, particularly opioids and central nervous system (CNS) stimulants is the fastest-rising category of drug abuse in recent years. Prescription drugs are the second-most commonly abused drugs and emergency room mentions. The abuse of controlled prescription drugs now exceeds the abuse of cocaine, heroin and methamphetamine. This problem has been serious enough to catch the attention of NIDA, SAMSHA and more recently that of the office of the highest public policy administrator in *A Focus on Methamphetamine and Prescription Drug Abuse, Executive Office of the President of the United States 2006*.

Given the above, it is important to consider the usefulness of rehabilitative drug-free options to address both the immediate and the protracted challenges of drug abuse. Furthermore, most addicts have made maladaptive life choices on the road to their addiction. This path often started with difficulties or inability to deal adequately with particular situations in their lives. Substance abuse became in many instances a deceiving “solution” for their difficulties. Maladaptive behaviors therefore need to be addressed. It is appropriate to consider the usefulness of treatment options, such as the *Narconon* program, that purport addressing both the immediate goal of cessation of drug use as well as ways to help develop personal resources that improve the addicted person's ability to participate in society.

An additional important point, the educational and humanitarian approach of the *Narconon* program incorporates the assumption that participants of the program, regardless of the severity of their substance abuse problems, will become able to reformulate and accept individual responsibility for their personal behavior.

Rehabilitative Methodology.

The *Narconon* program is in most instances implemented in residential settings. Although it has several unique features, in my opinion, applying the American Society Placement Criteria for the Treatment of Substance Abuse Disorders, the program may be categorized as a Level III Clinically Managed High Intensity Residential Service. Along this line, The Rehabilitation Accreditation Commission (CARF) has certified *Narconon* Arrowhead, the “Flagship” of the system, as an Alcohol and Other Drug Programs Detoxification and Residential Treatment facility. CARF is a highly recognized certifying organization for rehabilitation services. The program observes the Federal and local Confidentiality rules.

The *Narconon* program approaches the problem of substance abuse and addiction applying explicit concepts and defined procedures: As a preliminary step in the rehabilitation process, the program participants are exposed to social setting detoxification; an intervention that includes physical exercise, prescribed periods in a sauna and vitamin/mineral supplementation-. This is followed by a series of intensive courses that provide life skills training and help participants to formulate or rediscover a personal, constructive system of values and strategies to maintain a drug-free life style.

Congruent with its educational orientation, the program is structured along eight steps or modules, also called courses. Each module is delivered according to a standardized format defined in *Narconon* program manuals. Supervisors monitor self-paced participant progress and move students onto subsequent modules once they have demonstrated competence on the current module's prescribed skills. Individual progress on each module and the skills learned are fully documented. Quality control procedures have been established to assure that care is delivered according to the standards defined in the manuals.

Once the student completes and graduates from the program, he or she returns to the community. At this point the program continues to provide after-care services. This is done through a special department that maintains communication with the graduate to monitor implementation of an individual re-entry plan that he or she has prepared prior to discharge. The department provides support and helps to assure that the re-entry plan is actually carried out and that the student applies the knowledge and skills learned to remain drug-free.

Components of the *Narconon* Program:

As standard *Narconon* policy, all women and men admitted to the *Narconon* program undergo a physical examination by the program physician. The examination includes a complete medical history as well as a detailed history of illicit drug use. Routine laboratory tests include a metabolic panel, lipid profile, blood count, vitamin 12 and folic acid levels, serology tests for syphilis, hepatitis A, B and C and HIV and tests to rule out sexually transmitted diseases. Women are administered a chorionic gonadotropin test to rule out pregnancy. A toxicology panel screens for eight drugs of abuse and a list of prescribed medications that the client may have been receiving are obtained. Random monitoring for possible use of illicit drugs is done throughout the duration of the program.

0. Social Model Withdrawal:

Typically, new admissions to the program arrive either under the effects of drugs or recently having used them. Those individuals who, according to the nurse or the admitting physician, are in need of medically supervised withdrawal are referred to an appropriate provider to evaluate and manage their symptoms before they are admitted to the program. Program candidates who have been placed on psychiatric medications and who in the opinion of their physicians must be continued are recommended treatment options other than the *Narconon* program. However, the great majority of applicants do not appear to need these specialized services and are enrolled directly into the program.

The *Narconon* withdrawal program is a non-medical, drug-free process whereby clients discontinue use of alcohol and/or other drugs. The progress of all admissions is closely monitored and documented by an onsite nurse, the program physician and the attending staff. This drug-free withdrawal intervention is provided in a social setting under 24-hour supervision by trained paraprofessionals.

Beginning with the day of admission, withdrawal symptoms and vital signs three times daily are recorded by the staff. Hours of sleep as well as intake of fluids, food and

nutrient supplementation are recorded. The staff delivers techniques designed to improve comfort, reduce symptoms and increase awareness of the immediate environment.

Once the newly admitted person no longer has physical symptoms of acute withdrawal, he or she begins the first of eight *Narconon* program modules.

1. Initial Communication Skills: Therapeutic Training Routines.

Many drug and alcohol dependent individuals tend to withdraw from family and constructive social interactions, seemingly losing their ability to communicate and relate to people around them, particularly to those who share conventional social values. Instead, they tend to interact with deviant peers and appear to focus their attention inward on problems and self-perceived, emotionally disabling feelings.

To address the above, this module consists of drills aimed at helping participants regain their ability to communicate effectively, comfortably interact with others and gain personal control. Drills teach the student to be comfortable with peers in his/her present treatment surroundings while responding appropriately to other persons. Emphasis is placed on developing the ability to deliver messages, understand and acknowledge communications. These drills also address the tendency to interpret benign comments as hostile and the tendency to react by using of physical force. Students do the drills in pairs, working in a classroom setting. A course supervisor assists them. As an operating principle, the supervisor does not simply answer questions from students, but assists them in finding the answers themselves.

Participants also learn to handle others as part of becoming fully responsible for the rehabilitation process in a social, drug free setting. This improves their ability and willingness to inform the staff about what they are experiencing and also increases their ability to deal with the other steps of the program.

2. The New Life Detoxification Program:

L. Ron Hubbard had an early interest on the effects of environmental toxic substances such as industrial chemicals, pesticides, foods additives and preservatives and radiation. He saw parallels between the toxic effects of many of these substances and the effects of drugs used in medicine particularly psychiatric drugs and drugs of abuse. With these concerns in mind, in 1978 Mr. Hubbard developed the New Life Detoxification Program—an intervention including exercise, prescribed periods in a sauna and vitamin/mineral supplementation—as a means to release and accelerate the elimination of toxic chemicals including drugs and their metabolites from body stores. He felt this would help to gain mental stability and spiritual improvement.

In regard to drugs of abuse, it is known that drugs and their metabolites may be retained for extended periods of time in body tissues usually in tissues of high in fat content, such as the brain and adipose tissue, where, depending on the drug, they may remain for an extended time.³⁻⁵ The prolonged bodily storage of commonly abused substances

was documented as early as 1957 for LSD⁶; by 1988 for cocaine⁷; and 1977 for amphetamine compounds⁸. PCP (phencyclidine) has also been shown to persist in fat and brain tissues, which is thought may account for some long-lasting behavioral effects⁹. THC (tetrahydrocannabinol), an active ingredient in marijuana, has been

detected in fat tissue for up to four weeks after last use¹⁰. Sensitive measurement techniques have detected THC in blood and urine up to two months following discontinued use, a fact that strongly suggests that the presence of the THC was due to its release from storage in fatty tissue¹¹. Given the above, Hubbard's interest in finding a method to eliminate drugs from the system has validity.

The incorporation of sauna, with its deep cultural roots is an interesting element of the *Narconon* program. Sauna has been traditionally considered by many societies as a source of energy, health and purification. It is popular in countries such as Finland where it plays an important social role. It is also common in Russia and Turkey. The sauna has had important healing and ceremonial functions among many aboriginal groups of the American continent. Contemporaneously, several Native American groups have incorporated sauna in rehabilitative substance abuse programs¹²⁻¹⁴.

Sauna exposure induces physiological responses; the increased thermal load increases circulation through the skin and induces subtle endocrine changes. Sweating mediated by the hypothalamus is associated with an increase in noradrenalin levels and activation of the renin-angiotensin-aldosterone system¹⁵. The concentration of beta-endorphin in blood is also increased¹⁶. The regimen prescribed as part of the *Narconon* program, includes a daily period of physical exercise of 30 minutes duration is scheduled, immediately followed by a session of sauna at 140-180°F (60-80°C) for 2.5-5 hours. Short breaks for hydration are provided to offset the loss of body fluids and for cooling. The Hubbard method uses a Finnish sauna in general design. The sauna appears to be well tolerated and safe for most people^{17,18}.

The nutritional and mineral supplementation regimen that is an element of the New Life Detoxification Program is to a great extent an empirical intervention. Substance abusers often exhibit nutritional deficits and this regimen may meet some of their needs. According to the procedure, vitamins, minerals, and electrolytes, on a defined schedule are provided. This includes gradually, increasing doses of crystalline niacin (nicotinic acid) to enhance release of lipids and increase circulation, along with vitamins A, D, C, E, B complex, and B1, multi minerals including calcium, magnesium, iron, zinc, manganese, copper, iodine, sodium and potassium. Additionally, clients are given a blend of oils that include polyunsaturated fatty acids, typically soy, walnut, peanut and safflower.

The New Life Detoxification regimen has been used within the *Narconon* program for more than twenty-five years with apparent benefits to the participants. The procedure therefore deserves further research to better understand its effectiveness.

The rehabilitative program just outlined is provided on a daily basis, seven days a week. The average length of time to complete the program is 33 days (range 23 to 106 days). Trained delivery staff monitor and record daily treatment events as well as

monitoring body weight, pulse and blood pressure before and after each daily session, body weight usually remains constant throughout.

A Case Supervisor reviews patient charts daily, using that data to make program decisions.

Behavioral and Life Improvement Courses:

The next phase of the *Narconon* program consists of a series of educational courses designed to help gain the skills needed to interact constructively along a range of life situations. Life situations require processing of information and learning as well as coping with social situations of varying complexity and ethical or moral significance. Throughout, the student is also helped to gain a sense of self-worth and dignity that he might have lost during his addicted career.

This phase therefore is carried out after symptoms of drug withdrawal have been relieved and the client begins to experience a feeling of well-being. The purpose from this point is to teach coping skills and help the student develop his or her individual guide of normative personal behavior.

At the completion of this series of courses, the student is expected to be able to define an individual personal system of values. At that point he or she is asked to begin to formulate a plan for re-entry into society. The plan describes the goals and objectives formulated by the student to improve his life and help him to remain drug-free.

3. Learning How to Learn:

The *Learning How to Learn* course teaches the student to recognize and overcome barriers to study and comprehension^{19,20}. This educational experience is particularly relevant for persons whose drug-oriented life style had them neglect their education or prevented them from applying their full potential. They may not have developed the discipline required to gain information and communicate effectively thus failed to learn information necessary for personal and occupational success in conventional society. This course also prepares the student to take advantage of the subsequent courses in the program,

Learning how to learn is accomplished through practical exercises and drills supervised by a staff person. It is striking to observe the positive response observed by participants to this course, this is true both for educated persons who have developed addictions as well as those who neglected their education. This suggests an awareness of its importance was never lost.

4. Communication and Perception Course: Addicts tend to live in the past, disregard the reality of the present and do not make realistic plans for the future. These difficulties are addressed through a series of exercises designed to improve the individual's ability to focus on goals and objectives and to be persistent so they achieve them.

The first step consists of an expansion of the communication skill exercises covered in the Therapeutic Training Routines. This ensures that the student fully understands how to carry out a full cycle of communication, improve his or her ability to face up to and

deal with challenging situations and accomplish a series of cognitive gains. Through communication exercises and drills, individuals learn to read and deal appropriately with social cues, including those with a negative content, these activities help to achieve greater self-control and direction. Students learn to use interpersonal communication to help and counsel others; once they have accomplished this, they assume responsibility for each other and co-counsel through the second part of this

course. This principle of assuming responsibility for each other is considered to be an important element in their recovery.

The next section of this course consists of a series of exercises (known as “objective processes”) designed to orient the student to his immediate environment—that is, his “objective” surroundings as opposed to his “subjective” thoughts. The purpose of this step is to remove the student’s attention from the past and increase his or her awareness of the present-time surroundings while improving focus and concentration.

5. Ups and Downs in Life Course:

The *Ups and Downs in Life Course* invites the student to examine aspects of the normative behavior of individuals in their social environment. Through a series of course’s exercises, the student is helped to identify those elements shared by individuals who engage in pro-social behavior from those who don’t. Through this process the student becomes aware of the often deceptive and cunning strategies of those who encourage addicting life styles.

The student is trained to examine his own past social behavior and to place it along social or antisocial categories. The student learns to identify traits that supported pro-social behavior such as honesty or sobriety and contrast them with those which lead to drug use.

These are not just didactic presentations; the student is expected to describe his perceptions of social behavior and to categorize them. He then is expected to become better able to contrast those individuals around him who display maladaptive or antisocial behavior and those with pro-social behavior and how these two categories of individuals may impact on his own behavior.

The student is helped to consider the consequences of his perceptions and his own behavior on his social environment. For example he is invited to examine how as the individual adopts the life style of the drug addict, she/he also adopts negative attitudes toward people formerly close to them, such as family and friends who accept conventional values and authority figures. The addict tends to associate and identify with antisocial individuals who have adopted destructive lifestyles.

The ability to distinguish between who is and is not a true “friend” is very important, particularly once the student returns to his home or work environment. The ability to correctly identify antisocial individuals or groups is considered to be an important factor in the addict’s stable recovery from addictive substances.

The title of the module, “*Ups and Downs in Life*,” refers to the fact that those in recovery often do well for a time and then relapse. This course is therefore designed to reduce the “downs” and facilitate stable upward recovery.

6. Personal Values and Integrity Course: This course addresses the fact that lack of respect for conventional ethical norms and engagement in repeated transgressions are common among addicts. Individuals addicted to alcohol and drugs tend to commit further transgressions to support or conceal their drug use. This behavior often becomes ingrained and the person may try to self-justify such actions with convoluted and self-destructive arguments.

Exercises in the Personal Values module help the student to formulate a set of ethical values. The formulation process begins having them consider general assumptions about the conditions necessary for human survival.

Accordingly, survival is accomplished through eight routes or “dynamics.” These include: the maintenance of individual physical integrity; sex, including procreation and rearing of children; satisfying the urge to become part of social groups such as school; workplace or community; positive affiliation with humanity as a species; helping the survival of any kind of life—an individual survives to make life survive; improvement of the material environment; quests for spirituality; and exploration of the personal idea of a Supreme Being, Prime Mover or Creator.

Regarding this last point, it should be noted that the *Narconon* program is secular and does not define or attempt to re-define the individual’s religious construct or belief.

The “dynamics” described cannot be taken into account individually as the condition of one area of life impinges on all the others. Therefore, the formulation of ethical or moral principles must consider the highest level of survival across all dynamics taken up collectively. Unethical situations are those in which the individual does something contrary to the survival of one or more of the dynamics mentioned.

The process of formulation of individual ethical principles is operationalized as follows. Through a set of module’s exercises, the student is asked to give examples of transgressions to the ethical code that he has observed from others in the past. This provides opportunity to present examples of transgressions against principles such as honesty, truthfulness, personal commitment, individual integrity, interpersonal responsibility, commitment to promised allegiance, etc. The exercises indirectly assist the student in the definition of values, which he may later make his own.

As a next step, the student is asked to provide examples of transgressions in which he has been involved. Through the course exercises, the student makes a specific and exacting inventory of his past oversights. He then is asked to identify how and when misdeeds of omission or commission occurred, who was involved and what harm resulted. Through this cathartic experience, the addict may have opportunity to experience relief from guilt.

An important element of this module is taking responsibility for the consequences to others resulting for these transgressions. During this step students outline means to

repair the negative consequences of their previous destructive actions and begin to implement this plan with the assistance of the *Narconon* staff.

7. Changing Conditions in Life Course: This course provides a conceptual framework as well as practical exercises to learn skills that will help improve the conditions in life of an individual across the survival categories presented on the previous module.

According to the conceptual scheme any activity or area in life is at any given time, in a “condition” of improving remaining the same or worsening. Being productive is a positive characteristic of the human condition. A person is a productive being who delivers “products” not just as part of a job or commercial exchanges, but along a broad range of personal and interpersonal situations. A “product” can be as varied as

providing a stable and supportive environment for one’s children, assisting a friend or relative in difficulty, or doing a good job at work which advances one’s company. Named products vary greatly depending on the setting in which the person operates, interpersonal situations, family, school, professional endeavors, the community, etc. The common denominator is that they are finished high quality services or articles delivered to a consumer in exchange for a valuable—the exchange going beyond monetary value to include good will, friendship, and a sense of contributing to a worthy cause.

The amount of anything produced can be monitored or tracked over time as a “statistic” which is a number or amount compared to an earlier amount of the same. It is therefore an indicator of the relative raise or fall of the quantity compared to an early moment in time. It is a comparison indicator of where one is contrasted with where one was.

Within the framework just presented a situation of decrease or no increase to a desired level of production is considered undesirable and a negative ethical significance is attached to these situations. Increased productivity almost becomes a moral imperative. The individual in these circumstances has the task to decide what to do to improve his condition.

Throughout the course, a series of circumstances that affect productivity are considered and given descriptive terms to denote the degree of contribution or harm to the group. These states of condition are “confusion,” which is a situation of random motion when lack of direction does not lead to productivity; “treason,” a betrayal of trust after accepting a responsibility but not carrying it out; “enemy,” when as a member of a group the person participates in creates situations contrary to the mission or purpose of the group; “doubt,” when the person can not make up his mind whether to continue to be associated with or a member of a group that promotes destructive or unproductive behavior; “liability,” when a person acts contrary to the pro-social mission of the group knowing that this will endanger the purposes of the group; “non-existence” when an individual is newly entering a sphere of activity and is looking for ways to contribute; “danger,” a situation in which the individual has been contributing but the “statistic” indicative of progress shows a steep decline; “emergency,” when there is a slight decline or when the amount of production simply does not increase; “normal,” when

there is continuing productivity increases; “affluence,” when the productivity increases very steeply over time; and “power,” when the productivity has gone up into a whole new high range and that new high range is now on a “normal” trend.

During participation in this module, students and supervisors interact to ensure each student has a good understanding of how one determines and measures the “products” he is to deliver in each area of his life; and how one takes specific action based on the state of condition so as to improve and consistently increase their contributions. As productive member of society he or she must contribute with a variety of products as well and adopt corrective strategies to deal with circumstances or individuals that impede forward progress.

8. The Way to Happiness Course: This is the final module or course of the *Narconon* rehabilitation program. At this point the student has successfully completed the seven previous modules and is ready to integrate those social skills into a set of 21 precepts

that outline a practical ethical or moral code “based on common sense” covering most areas of personal and social behavior.

The precepts include basic survival guidelines such as “Keep your body clean,” “Eat properly,” and “Take good care of yourself when you are ill,” as well as admonitions such as “Be temperate,” “Don’t take harmful drugs,” and “Do not drink alcohol to excess.” Some sexual behavior issues are addressed like “Don’t be promiscuous,” “Be faithful to your sexual partner.” Other advice includes principles such as “Don’t do anything illegal,” and “Respect the religious beliefs of others.”

Each precept is presented with brief essays that explore their meaning and implications. The precepts provide guidance that goes beyond avoiding addiction or criminal behavior. Students complete practical exercises that demonstrate their understanding of the benefits to be gained from adhering to each precept as well as their ability to apply the principles to situations in their lives and as productive members of society.

Additional Student Resources

All student participants complete the modules so far described. The following two are provided as needed during the program:

Qualification Programs: Occasionally some students have difficulty learning a part of the *Narconon* program. This may indicate a need for more intensive tutoring than what is offered in the regular course. These individuals are referred to a special staff member trained to deal with these situations. This staff person will review data from a step already completed then give special attention to the student ensuring all earlier materials are fully understood and can be applied to understanding the latter materials. The staff may also have the student perform additional exercises or drills that may be of assistance.

These interventions vary greatly in length and are done one-on-one with a staff member until the student has overcome his or her difficulties and is ready to continue learning the materials presented in the normal classroom environment.

Ethics Programs: Certain individuals, despite being in the controlled rehabilitation environment do not refrain from involvement in disruptive or contra-survival activities.

These individuals are considered able to be helped but first are removed from the general course-room setting. Once this is done, they are offered a customized program to complete under the supervision of a specialized staff member, the “Ethics Officer.” An “ethics program” for a rule-breaking or misbehaving student may include study and practice activities from a *Narconon* course or a personalized activity to address the particular disruptive behavior. Importantly, these programs have as a purpose to correct the specific contra-survival activity and do not carry a punitive implication.

Should a student repeatedly fail to correct his behavior in spite of the intervention, he or she may be dismissed from the program. Even in this case, the door is maintained open. Each student dismissed for repeated contra-survival activities is given a program of action to complete should he or she desire to petition to later return to the program. If this is the case the Ethics Officer will remain in phone contact with the student and with family or close associates as appropriate, and will counsel them throughout the student participation in the ethics program. Participation in this particular program is one of the conditions for readmission.

Program Completion and Discharge:

Individualized Extended Program: The students who have completed all of the steps or modules of the program have the documentation of their performance fully reviewed by the Senior Case Supervisor (case manager). The objective is to detect any areas that may not have been adequately covered.

A customized program is then created in preparation for graduation addressing any points that require more adequate treatment. This is to ensure that each student is able to apply what he has learned during the program upon their re-entry into their families and community and to specific life circumstances; especially how to address unfavorable situations that may still exist in the home or community. For example the program may address issues such as dealing with peers who abuse drugs or coping with easy accessibility to drugs of abuse.

During this period the student may be returned to appropriate classroom drills and other interactive exercises as required.

***Narconon* Program Discharge Plan and Re-entry Program:** A key element in the *Narconon* rehabilitation program is the high priority given to the stage of re-entry into society. The responsibility for this element is assigned to a separate department headed by a “Success Officer” and his staff of aftercare specialists. The client, the Success Officer, the Senior Case Supervisor, The Rehabilitation Services Supervisor and the Director of Support Services (the staff person maintain regular contact with the family of the client during the student’s participation in the residential program) work as a team in coordination with the student to formulate a thorough re-entry plan.

Basically, this re-entry plan is a therapeutic contract that specifies the strategies that will be applied by the student once he is back the community. The format of the plan follows a standardized outline that is sufficiently flexible to incorporate coping strategies learned or formulated during participation in the program. Part of this plan consists of a detailed

personal assessment of the problems and situations that may have led the person into the substance abuse lifestyle.

The structure of the plan is as follows:

In the opening section of the plan the client's basic demographics, address and phone numbers and the address of the closest relatives and contact persons in the community who are familiar with his whereabouts are recorded.

This part of the plan lists the main conditions or personal problems that the client intended to address during his participation in the program listed in rank order of importance.

The Success Officer rates in a scale of 0 to 10 the extent to which these conditions were addressed during the client's participation in the program with 10 the more favorable rating. For this task he has access to the client and to his records which documenting the areas covered and his level of participation and performance in the program.

Self-efficacy is addressed with a question that asks the client to estimate the degree to which he feels will be able to remain alcohol and drug free in the community.

The next section of the plan assesses the degree of success or survival categorized by "dynamic" as covered in the *Narconon* program.

First Dynamic Assessment. In this section the client's is asked to make an assessment of his strengths and weaknesses in areas which include, personal hygiene, health status, drug craving, communication skills, study skills, social skills, self confidence, personal ethics, anger management, "honesty level", optimism, work ethic, level of participation in the group and environmental stress level.

This is followed by a list of goals to address the main areas selected by the client that require greater attention.

Second Dynamic Assessment. Interestingly this section is formulated with input obtained from the client's family such as parents spouse or other responsible person well acquainted with him. The family's expectations for the client upon his or her return to the community are then listed. In addition to the family's expectation the client's interpretation of these expectations is listed as well as a list of related goals and objectives. It should be noted that during participation in the program a department of the program was assigned to maintain contact with the clients' family and to inform them of his progress.

Third Dynamic Assessment. This section focuses mostly on social performance variables. It documents the client's estimate of the availability in his community of drug free individuals to associate with. Also listed are resources where she or he may find drug free groups such as successful former graduates from the program, self-help groups, social church activities of the client's preference, etc.

Also listed are the client's work experience, work skills and availability of vocational training and plan established to broaden those if needed.

Fourth Dynamic Assessment. The client identifies plans to engage in voluntary or altruistic work such as volunteering for work in non-profit organizations or in any other organization that tries to improve the health or welfare of others. To achieve these plans, a list of goals and objectives is also included.

The plan closes by documenting the client's housing needs and the availability of adequate resources in this area as well as transportation and financial needs.

The plan is signed by the student and each of the staff assisting in its development thereby becoming a written commitment that include explicit assurance that student will implement it will report progress during and agreed schedule of follow-up telephone calls with the *Narconon* Department of success and will seek assistance as needed. The treatment plan is therefore a therapeutic contract and personal self-assessment with sufficient information and material to provide meaningful re-entry guidance. The student keeps their original plan and copy of the written plan is kept on file ay the particular *Narconon* center for follow up and review purposes.

The implementation of the plan is carefully monitored by the Department of Success at the *Narconon* center. A typical follow up schedule is: Once a week from month 1 to 3; once every two weeks from month 4 to 6; once per month from month 6 to 12; and once every three months from month 13 to 34. During each call the specialist discusses with

the graduate the program he or she has made on each of the goals defined in the discharge plan. Changes in the plan are made if necessary.

If the individual does not appear to move successfully into his new life, the *Narconon* staff will seek to provide assistance in addressing the specific situations with which the individual is having difficulty. If the situation is severe enough to warrant it, the staff member will encourage the graduate to return to the *Narconon* rehabilitation center so that the difficulties can be reviewed, addressed in depth and corrected. Such corrective actions are typically treated as part of the individual's original commitment to completing the *Narconon* program. It should be noted that the staff shares responsibility for the succeeds or failure in the implementation of the plan. If the client fails to implement one or more sections of the plan in the community, his participation in the residential program will be reviewed by the staff to identify probable flaws in the implementation and supervision of specific modules of the program.

The *Narconon* program therefore has a thorough follow-up program to ensure that its program graduates successfully achieve the stated product of the *Narconon* program: A drug free individual contributing to society.

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