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Dear Gary:

I was pleased to have the opportunity to spend three days this past July visiting the Narconon Arrowhead program which you direct. I found this experience enjoyable and very informative. Although I had visited the program previously, this time I was able to observe more closely every aspect of its operation.

I appreciated having been able to talk with the staff persons responsible for the main elements of the program and with some of the students. I also did review program material, including policies and procedures, permits and releases and instruction manuals.

I came away from my Narconon Arrowhead tour very impressed and before I present my specific observations and comments I would like to summarize some of my general impressions and concerns.

1. Narconon Arrowhead's non-medical detoxification protocol as well as their rehabilitative modules appear to be well accepted and remarkably effective. I was particularly impressed with the detoxification protocol.
2. Given the limited effectiveness of the present approaches to substance abuse, alternative rehabilitative technologies such as those applied by Narconon with considerable success are urgently needed.
3. I recommend that rehabilitation outcome studies that meet strict scientific criteria, staffed by university based experts, be commissioned to assess and measure the benefits derived from the application of the Narconon methodology at Arrowhead and other Narconon facilities. In this regard, steps in this direction are being taken. A group of experts from UCLA have initiated formulation of such a project. This undertaking also has been discussed with the director of the University of Oklahoma Center for the Study of Alcohol and Drug Related Studies.
4. Once data from the study above proposed is obtained, other rehabilitation centers will be able to use the Narconon drug-free detoxification protocol and incorporate it in their existing program.

I am summarizing in the following paragraphs my observations and impressions from my perspective as a physician Board Certified in Psychiatry with considerable clinical, administrative and research experience in the field of drug dependence and human behavior. In my opinion, Narconon Arrowhead is playing an important role in the rehabilitation of substance abusers and is serving well the community. The program has many interesting features which I am outlining below.

Incidentally I do not have any objections if you wish to share the impressions that I am outlining here to any interested persons or authorities in Oklahoma. I spent several years in the State on the faculty of the University of Oklahoma and I have many friends and I am very fond of my experiences there.

Physical Setting and Program Facilities.

The physical setting and program facilities are outstanding. The program is on the shores of the beautiful lake Eufaula in Oklahoma and the landscape is beautiful. The environment is well suited as a place to recover physically and emotionally and to focus on the many personal issues and serious predicaments resulting from the abuse of drugs. The staff training and administrative organization of the operation is excellent. It is not surprising that Narconon Arrowhead has been granted accreditation by such a prestigious organization as CARF: The Rehabilitation and Accreditation Commission, for the past eleven years.

Therapeutic Philosophy and Rehabilitative Methodology.

The therapeutic philosophy and rehabilitative methodology of the program has many interesting aspects. The treatment philosophy is well rationalized and the procedures and standards for the performance of all activities are clearly defined and are implemented according to published manuals. The rehabilitation program as designed is implemented in a residential setting lasting approximately eight to twelve weeks.

Educational Orientation of the Program.

A main feature of the program is a strong educational orientation. I perceive it to be based on the assumption that drug dependent individuals may be taught and are able to learn the broad range of skills necessary to adopt a drug-free life style. Congruent with this assumption, participants in the program are called "students" rather than patients or clients. It is also assumed that the participants will be able to formulate or rediscover a personal, constructive system of values.

The activities of the program including the content of the educational and training material do not attempt to proselytize or encourage affiliation to a particular religious belief system. The program philosophy does not encourage reliance on a transcendental power. On the other hand, the personal religious beliefs of those participating in the program are fully encouraged and respected.

The approach of the program, as I see it, is educational and humanistic. It also appears that it is guided by the assumption that the participants in the program, regardless of the severity of their substance abuse problems, will become able to accept individual responsibility for their personal behavior.

All the activities of the program are drug-free. Psychotropic medications are not utilized during detoxification or through any of the steps of the rehabilitative process. The assumption is that individuals may gain the skills to live a constructive drug-free life without dependence on psychoactive agents. The rehabilitative approach therefore does not try to substitute the drugs abused by the men and women in the program for other psychoactive agents whether apparently benign or illicit. Those applicants to the program who according to themselves and their physicians have emotional or psychiatric conditions that require psychotropic medications are not invited to participate in the program.

Rehabilitative Methodology.

The rehabilitative methods applied by the program include eight steps or modules. Delivery of each module is provided according to a standardized format defined in appropriate manuals. The program is therefore fully manualized. Participants do not move from one module to the next until the staff person responsible for the module instruction and a module supervisor feel that the client has learned the content of the module's prescribed skills. The progress made by the participant on each module and the actions taken are fully documented. Quality control procedures have been established to assure care is delivered according to the defined standards for the manual guides.

Social Model Detoxification.

The first step in the program is social model detoxification. It should be mentioned that all the women and men admitted to the Narconon program undergo a physical examination done by the on-site program physician. The examination includes a medical history as well as laboratory tests such as a complete metabolic panel (serum electrolytes, glucose, blood urea nitrogen, creatinine, liver enzymes), complete blood count, liver panel, vitamin B12 and folic acid levels and chorionic gonadotropin (pregnancy test). Also a toxicology panel is administered to screen eight drugs of abuse. Serology tests to rule out syphilis, hepatitis A, B and C and HIV are included. The student provides a list of prescribed medications that he or she may have been receiving as well as a detailed history of illicit drug use. Beginning with the day of admission, a daily assessment of withdrawal symptoms is made and a record and check list are completed by the staff to monitor the person's progress during the detoxification period. Monitoring for possible use of illicit drugs is done throughout the duration of the program.

Sufficient information is therefore collected to rule out physical problems that may require medical attention and that could preclude safe participation in the activities of the program. Throughout the detoxification period, the participant receives care from trained paraprofessionals in a social setting. Supportive nursing care from a registered nurse supervised by the program physician is also provided. Vital signs are regularly taken and recorded.

Several techniques to ease the physical discomfort experienced during drug withdrawal are used. These techniques include exercises and physical manipulations to assist participants to become oriented to their environment as they leave the confusion associated with the acute effects of the addicting drugs.

Module 1 Therapeutic Training Routines.

This module appears to have been designed based on the observation that most drug and alcohol dependent individuals tend to withdraw from family and constructive social interactions. They seem to have lost their ability to communicate and relate to people around them. Addicts reportedly tend to focus their attention inward on problems and self-perceived emotionally disabling feelings.

The module therefore consists of drills, coached by a supervisor, aimed to help the participants regain their ability to interact comfortably with others, gain personal control and communicate effectively in a drug free setting. The process of relating effectively is initiated through drills that teach the student to be comfortable with peers in his/her present treatment surroundings. At the same time the student is helped to react appropriately to the other person. These drills are dyadic, face-to-face interactions conducted by in a classroom setting assisted by a supervisor. As a principle, the supervisor does not tell the student the answers, he shows them how to find them.

Module 2 The New Life Detoxification Program.

All program participants participate in this module. The program consists of a combination of light aerobic exercises (jogging or walking in the treadmill) of 20 to 30 minutes duration. Periods of 15 to 20 minute exposure to a dry sauna are an important part of this process. Incorporation of the sauna experience is in my opinion a particularly interesting aspect of the rehabilitative experience. Incidentally, sauna has been used in Finland for several centuries for health and curative purposes and by many indigenous groups of the American continent also for curative and religious. Some studies (Kukkonen-Mariula and Kaupinnen *Ann. Clin. Res.*) suggest that the experience induces subtle endocrine changes such as raises of noradrenalin levels and activation of the renin-angiotensin-aldosterone system. The concentration of beta-endorphin in blood is also increased. All these changes are usually normalized once the experience is terminated. These changes may explain the physical relief that participants in this procedure experience.

Some research (Rea, WJ et al *Bol. Asoc Med P R*) suggests that the experience may assist in the removal of toxic materials from the human body and one of the purposes of incorporating this in the program is to achieve this. The sauna procedure seems to provide sufficient relief to ease craving and assist in the process of detoxification. The procedure also appears to play a role in the retention of participants during the detoxification period. The detoxification process is complemented with a dietary regimen of vitamins and cold-press unsaturated natural oil.

Detoxification initiates the rehabilitative process and is followed by the implementation of the several training modules or steps. Altogether the Narconon Program includes eight educational modules addressing various dimensions of cognitive and social behavior.

Module 3 Learning Improvement Course.

Drug abusers are conspicuous for their learning deficiencies and often poor educational background. In this module the participant students are expected to learn about barriers to learning and on how to improve their ability to acquire and gain knowledge. Participants, through drills designed for this purpose, are expected to learn how to learn. Skills gained in this area are aimed to acquire tools necessary to live in conventional society. This course presents basic information and includes drills to implement the objectives of the module.

Module 4 Communication and Perception Course.

The assumption here is that the abuse of alcohol and drugs affects the individual's ability to communicate effectively and to focus on goals and objectives. Means to accomplish these are therefore compromised. Through communication exercises and drills, individuals are assisted in this module to confront social cues including those with a negative content. The exercise is designed to improve the ability to achieve self-control and direction. Students are encouraged to interact with a fellow student in what I interpret as a form of role playing that also helps them to learn to assume responsibility for each other.

Module 5 Ups and Downs in Life Course.

The assumption guiding the design of this module is that antisocial behavior is a life style that evolves as part of the addiction process. The person adopts negative attitudes toward people formerly close to them such as family and friends who accept conventional values. Instead, the addict tends to associate and identify with negative people who have adopted the life style of the drug addict. The addict becomes aggressive and alienated from family, friends and authority figures.

Once the addict sobers up, a process of re-socialization begins. This module is therefore designed to encourage this process. The student is helped to identify the characteristics of those who will support sobriety and to contrast these features from those of negative people. Through the exercises in this module, the student is therefore helped to develop positive relationships with people and learn how to cope with those who present drug oriented negative inclinations.

Module 6 Personal Values and Integrity.

The assumption in this module is that lack of respect for conventional ethical norms and engagement in repeated transgressions are common among addicts. This process is viewed as progressive, self destructive and alienating. There is a tendency to commit further transgressions as attempts are made to conceal surreptitious use of drugs and efforts are made to solve the problems that transgressions have caused.

The Personal Values exercises in the module help students to formulate a functional set of personal values that incorporates principles such as honesty and integrity. These positive values are presented as survival devices.

Through the module's exercises, the student makes an inventory of past misdeeds as well as of the harm that resulted. The addict is helped to identify how and when misdeeds of omission or commission occurred, who was involved and the harm that resulted. Through this cathartic experience the addict experiences relief of guilt feelings. An important aspect of this module is to create opportunities to outline means to repair the negative consequences of the addict's previous actions.

Module 7 Changing Conditions in Life Course.

In this course the student is invited to examine separate domains of his personal life. This process helps students to discover and redefine a personal system, of social values. That is, a system that incorporates ethical principles such as honesty, integrity, dependability and commitment to work. This, in my opinion, is a particularly interesting aspect of the program. One would assume that for these men and women, sometimes seasoned offenders, an ethical value system has never been part of their self concept and that they are blind to a prosocial value system. The exercise suggests that even serious offenders are able to re-discover an ethical value system that had never been part of their self concept.

Areas are explored such as self concept, relationships with family or job, relationships with their material environment, spiritual beliefs, etc. Simple formulas are presented to help the person assess the current status of the areas considered and to define expected outcomes or "products" which may result from improving these areas. These exercises give frames of reference and opportunities to define action plans to improve situations in life that may need re-assessment, restitution or correction. The formulas are expected to assist in the preservation of areas of their life that are doing well and improve those that need change.

Through the process, plans of action are developed that the student may follow once she or he returns to the community. The general objective is to formulate and evaluate rules of conduct for sober and responsible living.

Module 8 The Way to Happiness Course.

This module constitutes the final step of the rehabilitative course. This part of the program is delivered in a classroom setting supervised by a staff member. The student who has completed the seven previous modules is presented with a set of precepts and a personal code of conduct aimed to help to become a productive member of society capable of living an ethical, drug free life style.

The student, who is now ready for graduation, would have designed at this point his or her individual plan of action to address unfavorable situations that may still exist in the home or community environment. Goals would have been set in the areas of family, work relationships and any other situations unique to the student along with specific plans of action to achieve them. A written copy of this plan is kept on file at the Narconon Center. As indicated below, each graduate of the program is regularly contacted after discharge and his progress along his individual plan is assessed and discussed.

Program Discharge and Follow-up.

Once the program is completed and prior to discharge, a follow up schedule to monitor the student's progress, when he or she returns to the community, is planned. All graduates are expected to abide by the follow-up schedule. According to the schedule, the graduate is called once a week from month 1 to 3. From month 4 to 6 he is contacted once every two weeks. From month 6 to 12, the student is called once per month and from month 13 to 34 the student is called once every three months. The calls are made by an after-care specialist who discusses with the graduate the progress he or she has made on each of the goals defined in his discharge plan. Changes in the plan are made if found appropriate. The client may be invited to return to the program if signs of relapse are apparent.

Closing Comments.

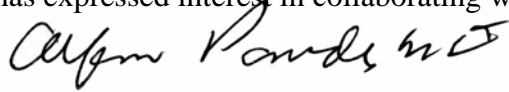
The Narconon program therefore is a well organized rehabilitative approach with a coherent rehabilitative philosophy and procedures. Through the program participants move from addressing physical symptoms of withdrawal, learning knowledge acquisition and social interaction skills to reformulating a personal set of normative values.

The rehabilitative benefits of the program appear to be significant. None of the activities represent a significant physical risk to the participants. The personal rights and confidentiality of the participants is respected throughout as required by sound health care principles and by State and Federal laws.

The rehabilitative methodology of the Narconon program was developed by the creative genius and scholarship of L. Ron Hubbard, whose writings inspired William Benitez, an ex-inmate of the Arizona State Penitentiary. He, in turn, applied his principles to the rehabilitation of substance abusers. Benitez, motivated by his own predicament, used Mr. Hubbard's concepts to rehabilitate himself and his peers. Narconon has evolved into a national and international rehabilitative system with programs in US cities including Los Angeles, San Diego and Santa Cruz CA, Canadian OK, Atlanta GA, Salt Lake City UT, Battle Creek MI, and Clearwater FL. It also has programs in countries such as Canada, Denmark, Germany, Sweden, Holland, Spain, Commonwealth of Independent States (Russia), Italy, United Kingdom, Taiwan, Mexico and Colombia.

Our research group at the UCLA Drug Abuse Research Center and the Laboratory for the Study of the Addictions has been intrigued with the success of this program and its remarkable national and international growth. A group of researchers at UCLA including Professor Yih-mg Hser, PhD, M. Elena Stark, MD, PhD and I are in the process of formulating a major outcome study to document the impact of the Narconon approach on the rehabilitation of substance abusers. Although the growth and acceptability of the Narconon approach is remarkable and the benefits are documented in a number of surveys, we felt that the approach deserves an assessment that may help to make the effectiveness of the program more apparent. This would make the program accessible to an even larger number of persons.

I also should mention that during my visit to Oklahoma I had opportunity to discuss this project with my former colleague Dr Frank Holloway, Director of the Oklahoma Center for Alcohol and Drug Related Studies, a program of which I was also the director several years ago. Deborah Jones-Saumty, PhD Clinical Associate professor in the department of Psychiatry and Behavioral Sciences has expressed interest in collaborating with such an undertaking.

A handwritten signature in black ink that reads "Alfonso Paredes, MD". The signature is written in a cursive style with a large, stylized initial 'A'.

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