



Evaluation of:

Narconon New Life
827 Beacon Avenue
Los Angeles, California 90017
(213) 487-0986

Date of Report: October 31, 1974

Submitted to:

Mr. Don Z. Miller, Deputy Director
Health Treatment System
State Department of Health
744 P Street
Sacramento, California 95814

Submitted by:

Forest S. Tennant, Jr., M.D., Dr. P.H.
Committee Chairman

Mike Reilly

Jane Thomas, R.N.

Joseph Shannon, M.D., M.P.H.

*Possibly be located at
Community Health Project
336 1/2 S. Glendora
West Covina, CA 91790
(800) 821-0775*

1001 North 10th Avenue
Oakland, California

(Work) 415/538-3818
(Home) 415/452-3358

Jane Thomas, R.N.
14579 Reis Street
Whittier, California

(Work) 213/863-7011 ext 219
(Home) 213/941-3378

Forest S. Tennant, Jr., M.D., Dr.P.H.
336 1/2 South Glendora Avenue
West Covina, California 91790

(Work) 213/967-5307
(Home) 213/339-9868

Secretary - Mary Thorpe

Dr. Shannon, M.D., M.P.H.
211 West Pico
Los Angeles, California 90006

(Work) 213/385-8061
(Home) 213/475-5637

EXHIBIT # 6

PAGE # 4

The State of California has sought to intervene in the process of drug addiction and give opiate addicts alternatives to incorporation and hazards of a self-destructive life-style. In January, 1973, with the passage of Senate Bill 714, millions of dollars of state monies were made available to county governments through the Mental Health Short Doyle mechanism. These funds were specifically designated to add treatment alternatives to the earlier repertoire of jails and prisons, probation and parole, civil committment and court orders.

This is accomplished by each county planning and developing a systematic network of coordinated treatment services for drug abusers and submitting that plan through mental health channels to the state for approval and funding.

The programs funded within counties have varied in approach and quality as the counties themselves have varied in their planning processes, their evaluation standards and the effectiveness of their coordination.

There have been difficulties in gaining useful information regarding the nature, quality and effectiveness of this state-wide effort. This initial, limited evaluation represents a first step toward shedding light in some of these important areas.

A. Purpose of Evaluation

Residential drug treatment facilities alternately called Recovery Houses and Therapeutic Communities, are a relatively new phenomena as publically funded treatment modalities in the field of drug dependence in California.

contracts in the State of California for approximately one year.

The purpose of this evaluation is twofold. First, and most specifically, this evaluation is intended to determine the general operational status of Narconon New Life recovery house in Los Angeles County. Secondly, and more generally, the purpose is to assemble a Peer Evaluation Committee, whose members have a number of years experience in the field of drug treatment, to assess the current "state of the art" in an embryonic, evaluating and somewhat primitive treatment area about which very little firm scientific information exists.

It is to both of these charges that this study attempts to address itself.

B. Difficulty with Subjective Evaluations

Evaluations of any health care delivery system can generally be classified by methodology as outcome or process. Outcome evaluations are an assessment of program effectiveness as determined by follow-up of patients. Process evaluations are simply descriptive of the treatment that is rendered. An outcome evaluation of a drug recovery house would necessarily entail the tracking of discharged patients in the community and completing a physical examination, urine test analysis, history, etc. This type of evaluation is expensive and very time consuming. It was, therefore, above and beyond the scope of our task. Our task was to describe the process and to determine whether the practices used were in keeping with reasonably acceptable general practices utilized in mental health care.

C. Evaluation Methods Utilized

During the weeks of October 1, 1974 and October 7, 1974 our

The evaluation procedures included: 1) interview of staff; 2) scrutinization of treatment protocol and funding proposals; 3) scrutinization of corporate status; 4) examination of treatment records; 5) examination of fiscal records; 6) observation of physical facilities; 7) interview of clients undergoing treatment; 8) obtainment of publications, proposals, fiscal records, etc.

D. Receptivity of Recovery House

The recovery house received our team with warmth and hospitality. The recovery house appeared to be open to the evaluation team, except the team was not permitted full access to all written documents and records.

E. Age of Treatment Program

This evaluation was done with the realization that 714 (Short-Doyle) funding has only been available for drug recovery houses for about one year. Los Angeles County has had the formidable task of funding several programs via 714 contracts, so it was expected that Narconon New Life may not yet meet desired standards.

EXHIBIT # 8

PAGE # 7

Our recommendations are based on information in the detailed outline which is attached and general problem areas which we have identified and which are described in the following section. Each member of the committee has individually recommended whether the State should continue funding Narconon New Life assuming that NIDA guidelines, those outlined in this report, or very similar guidelines, will be adopted by the State regulatory authorities.

Specific recommendations for Narconon New Life and other recovery houses are as follows:

- | 1. <u>Continued State Funding</u> | <u>Past Calendar Year 1974</u> | | |
|-----------------------------------|--------------------------------|-----------|--------------------|
| | <u>Yes</u> | <u>No</u> | <u>Conditional</u> |
| Narconon New Life | | 3 | 1+ |
2. Implementation of Attached Standards for Recovery Houses
Funding in 1975 to be contingent upon meeting them.
 3. Establish alternate system for awarding drug contracts in Los Angeles County. Programs seeking funding should be able to submit a proposal to one source and receive a fair, equitable consideration. This should be accomplished without attending numerous meetings and participating in unseemly "political" maneuvering to obtain funding.
 4. Re-examine allocation of funds in Los Angeles County to insure that funds are being allocated to modalities of greatest client demands. (Narconon had vacant beds.)
 5. Institute an ongoing monitoring system for all funded recovery houses and other drug programs to insure that standards are met and that there is compliance with contract requirements.

*Narconon - Conditions for Continued Public Funding

1. Program shall operate a facility that specifically and exclusively deals with the rehabilitation of narcotic addicted persons as required by their County contract. Such condition should be documented in each case to the satisfaction of county authorities.
2. Program shall make all fiscal, program and client treatment records available for evaluation by duly authorized evaluators of the county or state. Independent audit by a CPA shall be done.
- * 3. Program must cease all practices that have been found to be specifically practices of the Church of Scientology and which may only be practiced by a recognized minister of the Church of Scientology. (Example - use of E-Meter in student auditing, use of training materials copywrited by the Church of Scientology).
4. Program shall eliminate all restrictive admission policies listed in their legal contract for Narconon Rehabilitation Program that are not in accordance with standard admission policies for Short-Doyle clients receiving mental health services.
5. Detoxification procedures shall be stopped on the premises since their procedures are without proper medical supervision and may be dangerous.

EXHIBIT # 8

PAGE # 9

v.

GENERAL PROBLEMS WITH RECOVERY HOUSE

A. Funding Mechanism

The funding mechanism within Los Angeles County may be partially at the root of the deficiencies observed in this recovery house. Narconon New Life complained that funding necessitated the attendance of many meetings and unseemly "political" maneuvering. Unless the funding mechanism in Los Angeles County is significantly improved, it is the opinion of the Evaluation Committee that intelligent, objective planning for allocation of funds is impossible.

B. Lack of Standards for Recovery Houses

Narconon New Life does not currently comply with the recommended standards for residential treatment programs that are now required for funding by the National Institute of Drug Abuse nor have any real alternate standards been developed by Los Angeles County or the State. Consequently, there are many problems in this recovery house that could have been prevented. It is the belief of the evaluation team that minimal standards should be set for recovery houses and that public funding should be dependent upon meeting them. The evaluation team feels so strongly about the need for standards that we have attached a recommended set of standards for adoption within the State of California. It is our opinion that the majority of the problems within Narconon New Life, and which are described in the outline, could have been eliminated if minimal standards were required.

C. Lack of Monitoring

Narconon New Life has not been visited, evaluated, or had an

GENERAL PROBLEMS WITH RECOVERY HOUSE (CONTINUED)

on-site visit to monitor contract compliance by the County of Los Angeles. It seems that even basic program monitoring should have detected many of the problems within the recovery house.

D. Conflict of Interest

None observed by the evaluation team.

E. Misleading Claims by Recovery Houses

The problem of misleading claims was encountered with Narconon New Life. Narconon claims to have an 86% cure rate for narcotics addicts which is simply not true. Mr. Greg Zerovnik, National Director of Narconon U.S., explained that the 86% figure came from a study of parolees from the Arizona State Prison who may or may not have been narcotics addicts. This sort of claim is, of course, misleading to both the prospective client and to public officials who are sincerely attempting to find ways to cope with the problem of drug abuse. Narconon also advertises detoxification with megavitamins and other non-medical procedures that may be hazardous and, in some cases, lethal. Narconon implies that it can raise I.Q.'s and generally increase communication skills for their clients. There is no scientific evidence that these alleged changes cause a cure in approximately 50% of cases seen as stated by Mark Jones in a Los Angeles Times article.

F. Use of State Money for Purposes Other Than Drug Treatment

The absence of reasonable standards for recovery houses has probably created a general situation where programs are free to focus on tertiary objectives such as religious or political indoctrination rather than concentrating on the primary goal of drug abuse rehabilitation. In the case of Narconon New Life, there was adequate

GENERAL PROBLEMS WITH RECOVERY HOUSE (CONTINUED)

indication that public money is being used for purposes other than drug rehabilitation.

Narconon New Life, in its consent form, characterizes its treatment services as "spiritual guidance and is not intended to treat human ailments of body or mind by other than spiritual means". Our evaluation indicates such an inseparable programmatic and theoretical relationship between Narconon and the Church of Scientology that specifically religious practices are commonly used in the treatment of clients within the Narconon New Life program. Such practices include E-Meter auditing by ministers of the Church of Scientology and the use of educational material and organizational theory adopted from Church of Scientology writings by L. Ron Hubbard. According to Mr. Greg Zerovnik, Executive Director of Narconon U.S., all three members of the Board of Directors of Narconon U.S. are scientologists and two are employed full time by the Church of Scientology. He further stated that all directors of Narconon chapters in the United States are scientologists.

G. Excess Number of Beds

Only four of the eight beds were occupied at Narconon. This has led us to believe that there may be an excess number of recovery house beds funded in Los Angeles County. Considering that there are long waiting lists for detoxification and maintenance programs, the allocation of limited funding resources by treatment modality should be re-examined in Los Angeles County.

H. Client Records

Narconon did not allow the evaluation team to sample records or

GENERAL PROBLEMS WITH RECOVERY HOUSE (CONTINUED)

to see a complete record. Their 714 contract states that records will be kept and presented to evaluators.

I. Inadequate Written Funding Proposal

The initial funding proposal was scant. It is our opinion that a funding proposal should contain basic sections relating to needs for service, population served, treatment plan, staff patterns, community coordination, goals and reasonable objectives, and a line-item budget. For the second year of funding, a written proposal was apparently neither submitted nor required. The only requirement for continued second year funding was apparently a one or two page budget. It appears to the evaluation team that a necessary first step in the management of patients and the securing of funding should be a written proposal and a protocol that outlines the workings of the program.

J. Consent Forms

Narconon used consent forms, but they were primarily directed toward relieving Narconon of legal liabilities without specifying potential risks of treatment procedures. (See attachments) Considering that disciplinary policies in recovery houses may be unusual, they should be clearly spelled out in consent forms.

K. License for Facilities

Narconon did not have a Board and Care license. It is our understanding that legislation is pending to develop licensure standards for drug residential treatment facilities. In the event that current legislation does not materialize, some form of minimal licensure standards should be developed and additional funds made available to renovate facilities in compliance with these standards.

L. Failure to Collect Client Fees

Narconon stated that they rarely, if ever, collected the client fee mandated by their 714 contract. The reason given was that clients have no money.

M. Potential Harmful Effects of Program

Virtually all treatment processes designed to relieve serious conditions have potential harmful effects. Needed medications sometimes have serious side effects but must be used in certain situations anyway. It was our opinion that Narconon had practices in their treatment process that might potentially harm a given client in a particular situation. On balance, however, most of these practices probably effect either positive change or no change in the great preponderance of their client population rather than inflicting any actual ongoing physical or emotional harm. An exception to this general observation was the particular practice of Narconon in providing non-medical detoxification of barbiturate addicts. Narconon further appears to successfully convince many people that serious medical and mental disorders are a result of "engrams" and may be cured or eradicated by a "spiritual" process involving "auditing" by a minister of the Church of Scientology. Medical and psychiatric disorders that may in fact be cured or ameliorated by modern medical and psychiatric procedures may be gravely delayed or omitted by ascribing to this belief. Narconon's stated or implied promises of unimaginable personal freedom and power may well lure many unsuspecting and naive young people into a long, arduous and expensive detour

The State Legislature has mandated in AB 2262 that licensing standards be developed for residential drug treatment facilities in California. The evaluation team, based on our assessment of Narconon New Life is convinced of the need for such standards.

If licensing and regulation is to be used as a tool to assure certain standards of service delivery, it is imperative that the regulations take into consideration the unique elements of the service to be delivered and require at least minimal standards to be achieved.

The team is convinced that many specific problems we observed in the facilities evaluated are, in fact, general problems for many similar programs throughout the state. We have, therefore, concluded that it is appropriate and timely to offer recommendations in the form of generalized standards for residential drug treatment facilities. Utilizing NIDA Standards for Drug Treatment Programs as a guideline, we have attempted to develop reasonable, minimal standards relating to the operation of drug treatment facilities that are both relevant to the needs of the unique client population served and cognizant of the nature, history and resources of programs currently in existence. We recommend that the state use them in developing regulations for licensing of these facilities.

Recommended Standards

1. A majority of the Board of Directors of non-profit corporations contracting to provide recovery house treatment with the state should be members of the community at large and not paid staff.
2. Funding to be based on a written proposal outlining such areas as need, population to be served, treatment plan, staff pattern, medical care, evaluation, and a line item budget.

RECOMMENDED STANDARDS FOR RECOVERY HOUSES (CONTINUED)

3. The facility must have a suitable license from the State of California which addresses such areas as fire safety, sanitation, kitchen equipment, and square footage for clients.
4. The program must have a medical director who is a physician licensed within the State of California.
5. During the first 30 days of admission each client will have a medical history and physical examination conducted to determine whether medical or psychiatric complications exist.
6. A screening battery of laboratory tests will be conducted to detect and control contagious diseases. This screening battery should include, 1) complete blood count; 2) serology; 3) SMA-12; 4) tuberculosis skin test. Chest X-ray, sickle cell, Australian antigen, EKG, and pregnancy test at the discretion of the medical director will be done.
7. Each new admission shall be interviewed by a staff person who, by reason of training and experience, is capable of assessing the nature, history and extent of the client's drug abuse problem. Documentation of a drug problem will be certified by a licensed physician at the time of the initial physical examination.

Documentation of a drug problem can be done in a variety of ways, including examination for needle marks, and history from the patient or outside agencies.
8. Each client will sign an informed consent document which clearly delineates all the treatment modalities, the risks involved in treatment procedures, and disciplines

RECOMMENDED STANDARDS FOR RECOVERY HOUSES (CONTINUED)

utilized within the program.

9. A treatment record will be kept on each patient which will include at least the history and physical examination, documentation of drug problem, and results of all laboratory tests. It will also contain a treatment plan. A progress note will be recorded at least monthly on each client.
10. Program will have a written agreement with a licensed mental health professional to provide case consultation services as needed.
11. Program will have a written agreement with an accredited hospital to provide emergency medical treatment.
12. Fiscal records will be kept and available for inspection by duly authorized representatives of the County or State.
13. Each recovery house will specify in a written document direct or indirect affiliations with any particular religious or political organizations or philosophy.

It is recognized that there may be other appropriate and necessary minimal standards. The standards recommended here are primarily to eliminate major problems observed in Narconon New Life.

EXHIBIT # 8

PAGE # 18

VII.

LETTER OF IN SIGHT (Attached)

Shortly after the team completed its evaluation and initial report, one of the team's members (Dr. Tennant) received the attached letter which reveals many of Narconon's means of operation. In the letter there is an overt and scientifically unvalidated advertisement for detoxification with megavitamins. Note that there is no reference as to which drugs for which megavitamins might provide withdrawal assistance. We were informed by Narconon staff that this may include barbiturates, and the team considers this to be a potential life-threatening hazard. Note further that Narconon charges \$300 for 72 hour detoxification.

Perhaps of more importance is the misleading claim that Narconon has a 68% success rate. Based on our observations, interviews with the Narconon staff, and patients, knowledge of the scientific literature, and our own experience; this claim borders on preposterous. (See section on Misleading Claims) It is difficult for the team to determine how much 714 Short-Doyle money is being directly used for detoxification with megavitamins, but there is obviously cost-sharing.

EXHIBIT # 8

PAGE # 19

new life...without drugs.

827 Beacon Ave., Los Angeles, California 90017 Tel (213) 487-0986

October 15, 1974

Howard Jackson, Administrator
East Valley Free Clinic
537 East Vine Street
West Covina, California 91760

Dear Mr. Jackson:

As you can see, I am the Director of Counseling at Narconon New Life. Narconon is a drug rehabilitation program, which is dedicated to getting people off drugs and rehabilitating them to the point where they can confront the problems they are having to fact, without the use of drugs.

We now have a seventy-two hour detoxification process. This process is virtually pain free and we use no drugs to detoxify a person. We use the Mega-Vitamin therapy and special processes which are designed to relieve all pain and discomfort. After the detoxification, we have a Communications Course to offer. This course is where the person learns to communicate with other people and to confront the problems he has. When a person learns to confront his problems, they become smaller and therefore, eliminates the reason for taking drugs. The costs for the items are itemized below:

- A. Seventy-two hour detoxification, which includes vitamins, room and board, and twenty-four hour round-the-clock counseling, \$300.
- B. Communications Course, \$50.
- C. One months rent and food while taking the Communications Course, \$130.

The total of all these things comes to \$480.

The reason I am sending you this information, is to let you know that Narconon does exist and that we have a 68% success rate with the people we have taken off drugs in the past two years. This means that 68% of the people who have come through this program in the past two years, have not returned to drugs, and have not been arrested for anything relating to drugs. This is also to let you know that if you know someone who is a heroin addict or an alcoholic that needs help, we ARE here and we CAN help. Any referrals that you could send us would be greatly appreciated.

EXHIBIT # 8

PAGE # 20

October 15, 1974
Page 2

I would also like to know the possibilities of us bringing detoxification patients in to your clinic for before and after medical examinations. If you could send me a list of the doctors names and addresses who work at the clinic, so that I may write to them personally, it would be deeply appreciated.

Any assistance that you can offer on the above mentioned items, will be deeply appreciated.

Thank you for your time and cooperation.

Sincerely,

NARCONON NEW LIFE

Winston Burton

Winston Burton
Director of Counseling

EXHIBIT # *E*

PAGE # *21*