

## Findings of Fact

regarding the  
Narconon-Chilocco Application For Certification  
by the Board of Mental Health, State of Oklahoma  
13 December 1991

Applicant has filed an application with the proper fees attached thereto for certification as a drug and treatment facility proposing to use a drug free non-medical detoxification modality.

The application requests certification for services to a 75-bed residential drug and alcohol center.

The application and supporting documents have been reviewed under applicable law and departmental rules and regulations.

In considering the application for certification the Board has carefully considered the evidence presented at the hearings of October 18, 1991 and December 13, 1991 on the application for certification of Narconon International, including the testimony of the witnesses and the exhibits presented and received in evidence.

The Board considered the credibility, demeanor, bias, motive and interest of all witnesses in reaching these findings of fact.

The proposed site of the program is located on federal land belonging to five tribes and operated by the Chilocco Development Authority.

A long-term lease between Applicant and the Chilocco Development Authority is in effect.

The Development authority and the Applicant have entered into a long-term lease agreement wherein the Applicant agrees to comply with all the state and federal law including but not limited to certification by the Department of Mental Health and Substance Abuse Services.

In reviewing the application and determining the merits of the application the Board on the October 18, 1991 and December 13, 1991 hearings heard evidence and considered the issues of safety and effectiveness of the treatment modality utilized by the Applicant.

Most drugs of abuse are removed from the body by detoxification and excretion through the liver, kidneys, and the lungs. Although minute quantities of some drugs may be found in sweat the amount represents a small fraction of drug elimination.

The Narconon drug treatment modality treats all drug addictions the same. No scientific evidence was produced to show that all drug addictions are properly treated in the same manner.

The terms *patient*, *student* and *client* are used interchangeably in these Findings.

The Narconon Program exposes its patients to the risk of delayed withdrawal phenomena such as seizures, delirium and/or hallucinations.

The Board has not considered any evidence of the beliefs or opinions of any witness on matters of religion in making its findings of fact. To the extent there may be some affiliation between Narconon and any religion such affiliation has been totally disregarded by the Board. The Board has not made its decision on certification based upon any consideration of religion or religious affiliation.

The Board concludes that the Applicant, Narconon International, has the

burden of proving that its program meets all requirements for certification and specifically the burden of proving its program is both safe and effective. Narconon has not sustained its burden of proving its program is either safe or effective. However, regardless of whether Narconon International has the burden of proof the Board concludes there is substantial credible evidence, as found by the Board, that the Narconon Program is unsafe and ineffective.

The Narconon program requires its patients to sweat up to five hours per day, seven days a week, for approximately thirty days. The rationale, according to Narconon for the sweat-out is to rid the body of fat-stored drugs and chemicals through sweat. However, there is no scientific basis for the technique. Most drugs of abuse are removed from the body by detoxification and excretion through the liver, kidneys and (in some instances) through the lungs. Although minute quantities of some drugs may be found in sweat, the amount represents such a small fraction of drug elimination that no matter how much an individual sweated through exercise or saunas, the clearance of most drugs of abuse would not be significantly increased.

The Narconon program includes the administration of high doses of vitamins and minerals to the Narconon patient as part of their treatment. The use of high amounts of vitamins and minerals in the amounts described administered by Narconon can be potentially dangerous to the patients of Narconon according to the more credible medical evidence.

The relationship between drug-abuse and psychiatric disorders is well established. Most drug abusers who enter residential drug treatment facilities have high levels of anxiety, depression, hostility or apathy. Further, a chemical dependency disorder may co-exist with--or be secondary to--a specific psychiatric illness, such as schizophrenia or major depression, which should be treated by established psychiatric procedures.

The Narconon program presents a potential risk to the patients of the Narconon program that delayed withdrawal phenomena such as seizures, delirium or hallucination that are occasionally seen several days after cessation of drugs such as benzodiazepines, may be misinterpreted by Narconon's non-medical staff as the effect of mobilizing the drug from fat during the sauna sweat-out procedure period. There is also a potential risk that the reported re-experience of the abused drugs' effect during the sauna sweat-out program may be the result of misinterpreted symptoms of hyperthermia or electrolyte imbalance since vital signs and serum electrolyte levels have not been consistently monitored during the sweat-out procedures or when a student is reporting the phenomena.

The progress notes for the patients at Narconon do not consistently evidence that vital signs are recorded every six hours in the detoxification process; nor do the progress notes record fluid intake for detoxification clients.

Discharge summaries of patients at Narconon were not routinely completed within fifteen days of the patient's discharge.

The clinical records of patients at Narconon do not consistently reflect the recording of vital signs every six hours for clients as required under non-medical detoxification standards of the Department.

There is credible evidence by way of witness testimony and review of Narconon charts which reflect that there were patients who had psychiatric problems who were taken off of their previously prescribed psychiatric medication who did not do well and subsequently developed psychiatric problems. This evidence indicates a lack of safety and effectiveness in connection with the program.

Clients of Narconon suffering from psychiatric illness, when taken off their prescribed medications, did poorly in the Narconon program and were placed in a segregated facility called destem. This practice endangers the safety, health

and/or the physical and mental well being of Narconon's clients.

Narconon's program lacks any acceptable degree of quality control of the sauna temperatures and treatment. Such a lack of control endangers the safety, health and/or the physical or mental well being of its clients.

Narconon hires former students to work at Narconon-Chilocco immediately upon graduation and the former students work directly with the present students. While former patients of drug and alcohol rehabilitation clinics can be employed in such clinics after graduation, the former patient's recovery from his addiction should be established with more passage of time to ensure sobriety and to avoid putting patients in contact with addicts who are not fully recovered. This practice could negatively impact the safety and effectiveness of the program.

Narconon does not maintain a sufficient level of follow-up of its students after graduation, which impacts the effectiveness of the program allowing for relapses and lack of recovery.

During an on-site visit in November 1991 a student was found with a potentially dangerous low level of potassium which could lead to cramps, (muscular, skeletal problems) and cardiac arrhythmia.

The vast majority of time spent in the Narconon treatment plan and course work does not in any way relate to or involve education about drug and alcohol abuse treatment, issues, and/or addiction. The Narconon treatment plan thus has deficiencies which render it ineffective. The Narconon treatment plan is general in nature, applies categorically to all students and is not individualized. The treatment plan also lacks measurable individualized objectives which the students should seek to achieve in the program. For instance, the treatment plan sets a patient's objective as follows: To have a clear mind. This objective is essentially meaningless. In order for a bonafide drug treatment plan to be effective it is essential to have individualized measured objectives which Narconon's treatment plan lacks.

Part of the Narconon treatment program involves *touch assists* between patients. Touch assists involve massages between patients in rooms by themselves. Narconon has both male and female patients who are involved in the drug and alcohol rehabilitation program. This practice of touch assists could likely lead to improper sexual contact between drug addicts or alcoholics in the process of recovery. An accepted standard in such programs is for the patients to keep their hands to themselves. The practice of touch assists between male and female patients who are recovering drug addicts or alcoholics in private rooms renders the program unsafe in this respect.

The discharge planning is not adequate and commences only very shortly prior to discharge. This lack of discharge planning renders Narconon's program ineffective.

Narconon clients are counseled by Narconon staff that it is acceptable for the client to drink alcohol after being discharged from the Narconon program and if the client is incapable of being able to drink alcohol, then this fact evidences the client's need for further treatment. Such counseling endangers the client's safety, health and/or the physical or mental well being, and is not in accord with acceptable drug and alcohol counseling and treatment.

Narconon employs staff inadequately educated and trained in the care and treatment of drug and alcohol abuse clients. Such a practice endangers the safety, health and/or the physical or mental well being of the clients of Narconon.

Narconon permits clients under treatment for drug and alcohol abuse to handle and provide medications to fellow Narconon clients, to supervise the sauna treatment of fellow Narconon clients, and to supervise Narconon clients with

psychiatric disorders. Such practices endanger the client's health and safety and are not in accord with acceptable drug and alcohol treatment.

There is substantial medical literature which indicates that sauna therapy may pose significant health risks to intravenous heroin addicts, which is likely to be treated at Narconon, because such drug use may impair normal physiological response and problems associated with high temperature saunas which could be detected.

The Narconon Program includes running to stimulate circulation followed by prescribed periods in a sauna for up to 5 hours at extremely high temperatures (i.e. 135 to 200 F) and as such endangers the safety, health and/or the physical or mental well being of its clients. Such a procedure exposes the client to the health hazards of dehydration and heat injury. This sauna regime also creates a risk of hyperthermia and electrolyte imbalance.

Narconon restricts access by Narconon clients to their personal physicians, family, attorneys, clergy and others by not permitting communications except at limited and designated hours. Such a practice may endanger the physical or mental well being of Narconon's clients.

The Narconon program fails to provide adequate follow-up and treatment for Narconon clients demonstrating abnormal lab tests and other medical problems.

Such failures endanger the safety, health and/or the physical or mental well being of the Narconon clients and is not in accord with acceptable drug and alcohol care and treatment.

There was no evidence that the Narconon staff inventoried and verified the medications brought on to the campus by Narconon clients. Such a failure endangers the safety, health and/or the physical or mental well being of Narconon's clients.

The Board recognizes that Narconon has in the past few weeks adopted many new policies. The evidence did not disclose adherence to many if not all of these policies. There was no measurable and identifiable compliance by Narconon to its newly adopted policies in the areas of taking and recordation of vital signs, drug and alcohol instructions to clients, handling of medications, withdrawal and discharge procedures, lab testing, procedures for emergency medical supplies and others.

Narconon clients are routinely administered [clonidine](#). Narconon fails to provide adequate supervision for clients prescribed this medication given this drug's risks and potential for adverse consequences. Such failure to adequately supervise endangers the safety, health and/or the physical or mental well being of the Narconon clients.

The vast majority of Narconon's course materials in its drug and alcohol abuse program are not designed to educate and/or treat clients in the area of drug and alcohol abuse. In addition, there was only evidence of occasional lectures to Narconon clients in areas of drug and alcohol abuse. As such, Narconon's program lacks sufficient instruction and education in the area of drug and alcohol abuse.

There is no credible scientific evidence that the Narconon program is effective in the treatment of chemical dependency.

There is no credible scientific evidence that exercise speeds up the detoxification process.

Large doses of [niacin](#) are administered to patients during the Narconon program to rid the body of radiation. There is no credible scientific evidence that niacin in any way gets radiation out of the patient's body. Rather, the more

credible medical evidence supports the existence of potential medical risks to persons receiving high doses of niacin.

There is no credible evidence establishing the safety of the Narconon program to its patients.

There is no credible evidence establishing the effectiveness of the Narconon program to its patients.

### Conclusions Of Law

Any finding of fact which should be included in the conclusion of law such matters are included hereby by reference.

In order for the Application to be granted by the Board it must be shown by a preponderance of the evidence that the program is safe and effective for the non-medical residential treatment of alcohol and drug abuse.

The purpose of Mental health law in the State of Oklahoma is to provide humane care and treatment of persons who require treatment for drugs or alcohol abuse. Residents of the State of Oklahoma are entitled to medical care and treatment in accordance with the highest standards accepted in medical practice. 43A O.S. Supp. 1990, 1-102

The Narconon Chilocco program does not conform to the principles of traditional chemical dependency treatment. The Board's conclusion that the Narconon Chilocco program is non-traditional does not form the basis, in any respect, for the Board's decision on the Narconon application for certification.

No scientifically well-controlled studies were found that documented the safety of the Narconon program. There are potential dangers from the use of non-medical staff who may be unable to interpret the possibility of seizures, delirious, cardiac arrhythmia, or hallucinations that are phenomena associated with the cessation of drugs. There is also a potential risk of the reported reexperience of the abused drug effect during the sauna sweat out program may be the result of misinterpreted symptoms of hyperthermia or electrolyte imbalance. Moreover, the multiple findings of fact heretofore entered by the Board establish that Narconon's program is not safe.

Drug treatment program offered by Narconon-Chilocco is an experimental treatment and not proven safe or effective and is not in accord with the highest standards accepted in medical practice as required by statute. No scientifically well-controlled independent, long-term outcome studies were found that directly and clearly establish the effectiveness of the Narconon program for the treatment of chemical dependency and the more credible evidence establishes Narconon's program is not effective. The Board determines that the Narconon Program is not effective in the treatment of chemical dependency.

The Board concludes that the program offered by Narconon-Chilocco is not medically safe.

The Board has reviewed the proposed findings of fact and conclusions of law submitted by the Department and Narconon. Any proposed finding of fact and/or conclusion of law inconsistent with those entered by the Board is denied.

Certification is denied.