

DRUG EDUCATION HAT WRITEUP

FOREWORD

What I am attempting to do with this writeup is to lay out the successful actions I have implemented over the past 9 years in doing drug education prevention presentations to over 250,000 students, teachers, health professionals, businessmen, computer technicians, professional pilots and political figures.

The first question I believe pops up in people's minds when you say drug education is, "Does it work?" I can tell you that past attempts in this field have not. Why? Simple! We know that there are 3 barriers to learning any subject - if these are not overcome no learning will occur. The answer is: a Narconon Drug Education Specialist is an expert at overcoming them, thus - learning does occur.

We know that if importances are altered in communicating information to people the information becomes a lie to the person receiving it. The answer to this is - we surveyed over 100,000 students to find out what was important and what was real to them. We communicate the pieces of information that are important to them and thus true...for them! The kids don't feel lied to and they trust the presenter!!

It's as simple as that, in surveying the kids we have found that drug education does work. The real task begins; taking the proven successful actions and getting them duplicated and implemented across the planet. I've had a blast doing the first phase and the second phase will be even better. Have fun!!!

ML

Bob Wiggins

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SECTION A - TECHNIQUES

1.) The Communication Drill

This is the most important part of the entire presentation.

Purpose: To understand the drill, you have to realize that a large portion of the group is "stuck in the past" to a greater or lesser (flunked a test, fight with mom, trouble with a classmate) degree. So your group that you are trying to relay a message from 'A' (cause) to 'B' (receipt point) is in large part missing the 'B', no body home to receive this all important communication.

So the drill or locational is not just effective, it is miraculous; it runs as follows:

R-fact - I'm going to start this off with a communication drill and I'm going to ask you to do a few things - start of drill!

- | | |
|------------------------------------|-----|
| 1. Look at a person | Ack |
| 2. Look at another person | Ack |
| 3. Shake one person's hand | Ack |
| 4. Shake two people's hands | Ack |
| (at the same time) | |
| 5. Give one person a "Hi-Five" | Ack |
| 6. Say Hello to one person | Ack |
| 7. Say Hello to another person | Ack |
| 8. Find a person far away from you | |
| and say Hello to them | Ack |
| 9. Stomp your feet 3 times | Ack |
| 10. Look at the ceiling | Ack |
| 11. Look at that wall (ind. wall) | Ack |
| 12. Look at that wall (ind. wall) | Ack |

All together look right up here!

- bang! Hit the blackboard -

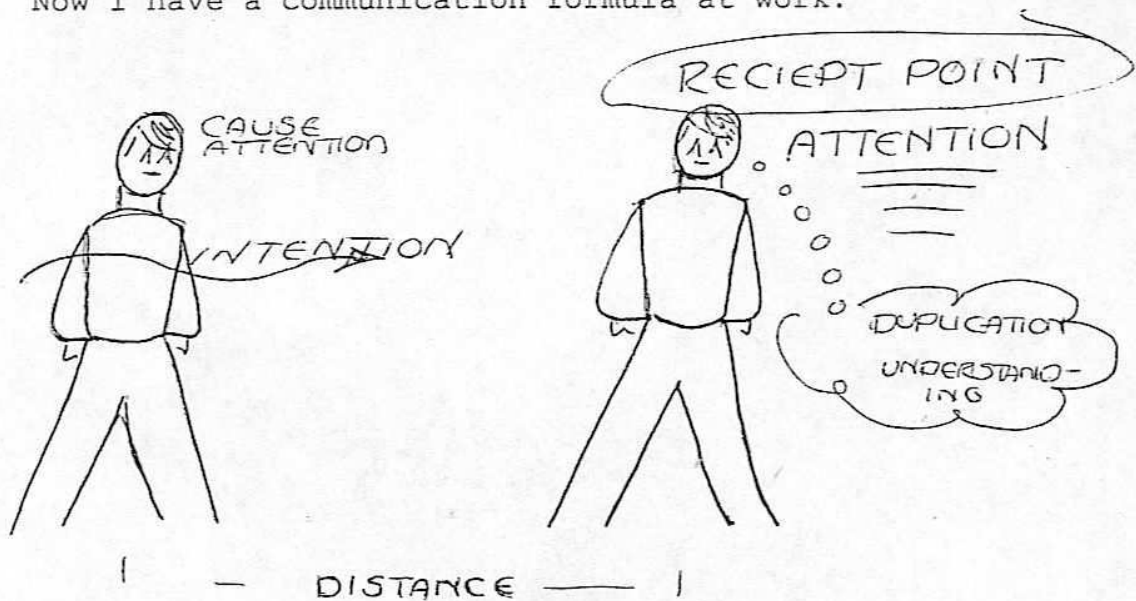
Thank you. That's the end of the drill and this is the start of the presentation.

You will see a marked rise in tone level and a very "there" audience when you start. (Usually Enthusiastic)

Tips:

- I do it tone 40.
- I do it rapidly.
- I assume control and have fun!!!

Now I have a communication formula at work:



2.) Tips For Addressing The Group

I clearly lay out my:

- a. Purpose in my own mind as to what I'm going to do in the next hour.

example: To relay LRH data on drugs with such effectiveness and intention that every student will know that the way to happiness is drug free.

- b. Valuable Final Product: drug free lives
- c. VFP : LRH is the source of the truth.

When I am standing in front of the group addressing them, I observe them closely and find the 5 - 10 brightest kids in the group. I then proceed to talk to them. I never talk to a "group", a "chunk of air", "some imaginary spot in the middle of the group", or over their heads. I **TALK TO PEOPLE, REAL LIVE PEOPLE!**

I confront one 'bright' student in the rear left corner and I talk to him for a few seconds, then I flick over to that attentive looking girl in the middle and I talk to her for a few seconds, then flick to the rear right, etc. I don't do it so rapidly that it's dispersing but often enough to cover all areas of the group. Why? Several reasons:

1. It creates a higher level of communication overall.
2. The lower tone individuals can't quite have that much confront.
3. The kids with lower confront feel more comfortable when the attention isn't directed right at them.
4. By directing the communication at the kids with higher confront the communication formula isn't violated.

* 5. The whole audience gradually comes up tone.

* One very important point here - as you know from the PTs tech., a certain percentage of your audience will be PTs; some to such a degree that they will try to interfere with the talk, try to cut your communication, etc. Two very important pieces of tech. I utilize are

- a. Bullbaiting - I never even grant it any beingness what so ever.
- b. Talking Against Interference (STCC) - I ignore the circuits and I keep talking to the beings 'bright kids'.

I keep the communication level high. Acknowledge those circuits and you're "dead in the water". Don't waste time trying to "get through" to the kids who are not listening, being

1.1, or interfering. Grant beingness to entheta and it grows. Grant beingness to theta and it GROWS. Keep it light, keep it fun, and stay focused on your purpose!!

3.) Misunderstood Words, Creating a High Level of Understanding - Apply the Study Tech in Your Presentation

Having learned the 3 barriers to study, you know that if a student goes by a word that he does not fully understand the area right after that is a blank in his memory. If he does this often enough he begins to dislike the course, book, school, etc. Well, the same holds true for public speaking.

I have done workshops with teachers and when presented with the concept of a misunderstood word, they nod very sagely and agree (most of them). It's as if they know this data to a tee and yet I have actually watched them use M.U.s when speaking in front of kids and I have

watched the kids go blank time after time. Teachers, principals, health coordinators and nurses are up in front of the kids for less than 2 minutes and they will use words, several sometimes, that I don't even have certainty on. I will look at the audience and will see several students with their heads down, several with a blank expression on their face, and very few paying attention.

For the longest time I couldn't quite figure this out. Why? If they understood the M.U. Principle, they would just keep on giving the students M.U.s. Then one day I was watching a teacher friend of mine and POW! It hit me. This guy was a real good guy and I could tell that he really cared about the kids. He had run late on his Health class and asked me to sit in for 10 minutes and then I could start my presentation. I watched closely and I noticed that he used 3 or 4 words that you would only find used in the more literate adult populace, a couple of words he kept using over and over and I noticed the students were getting more and more antsy (nervous hysteria). I kept watching and then I realized what was happening. [Quick Background: Since the early 1960's, school teachers have been trained in a concept called "contextual understanding". This consists of looking at the words surrounding the word that you are unfamiliar with and "learning" it's meaning from the context of the sentence. If you are younger than 45 years old it is probably how you were taught in school. Coincidentally the S.A.T. (College Boards) scores have dropped every year since the inception of this idea, they even lowered the standards of the test and they still went down. But to get to the point here, this data is so ingrained in the educators that they think by using the word over and over in their presentation the kids will understand the word. INCREDIBLE!] I have had numerous teachers come up to me after doing a presentation and say to me, "That's the first drug presentation I've listened to that I actually understood what drugs do!"

Do you get the picture here? O.K., so what I have done in the past that has worked well is to,

1. Write up a whole script (not an outline) word for word of what I am going to say in the presentation.

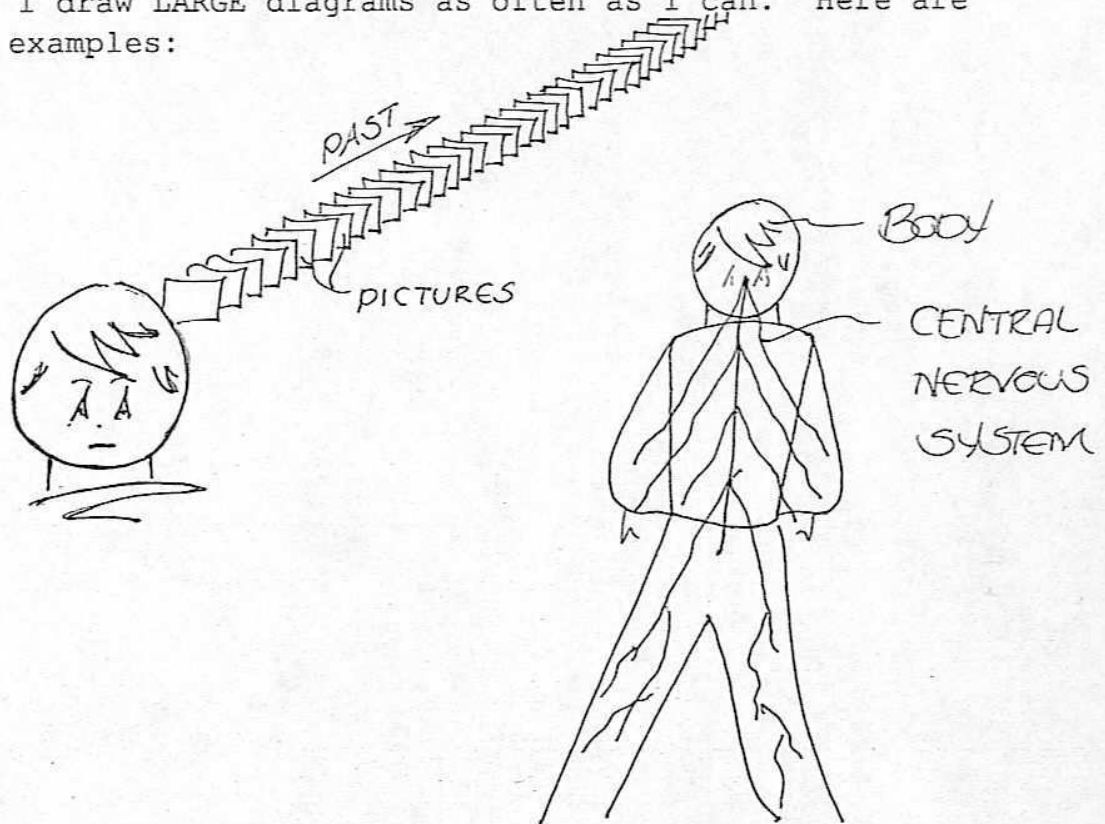
2. Then I drop back and circle every word in red that they might not understand.
3. Then I figure out how to put those words into words they understand.
4. I then drill out the patter a couple of times and away we go.

Never, Never, Never, use a word they might not understand. Thanks!

4.) Handling Lack of Mass

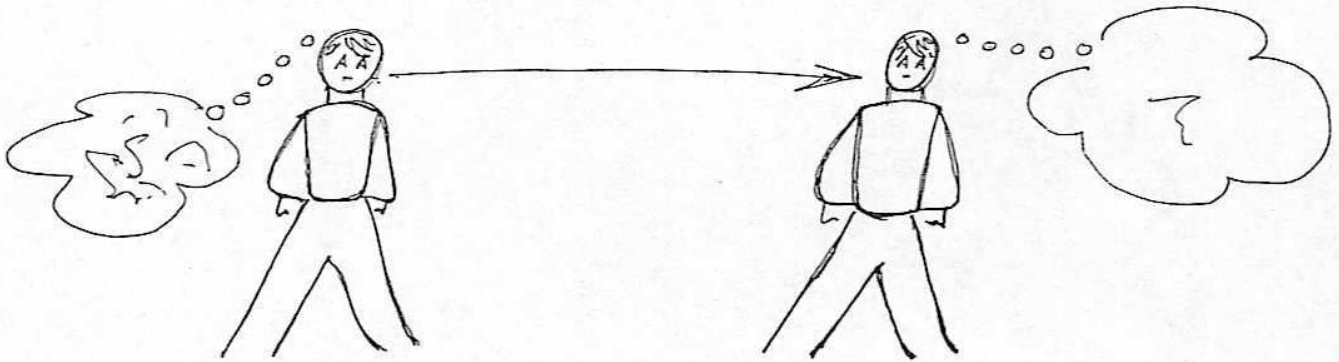
This is where the fun starts. You can get very creative with this one. There are tons of methods to remedy lack of mass and I use as many ways as I can. Here are some:

- A. I draw LARGE diagrams as often as I can. Here are examples:

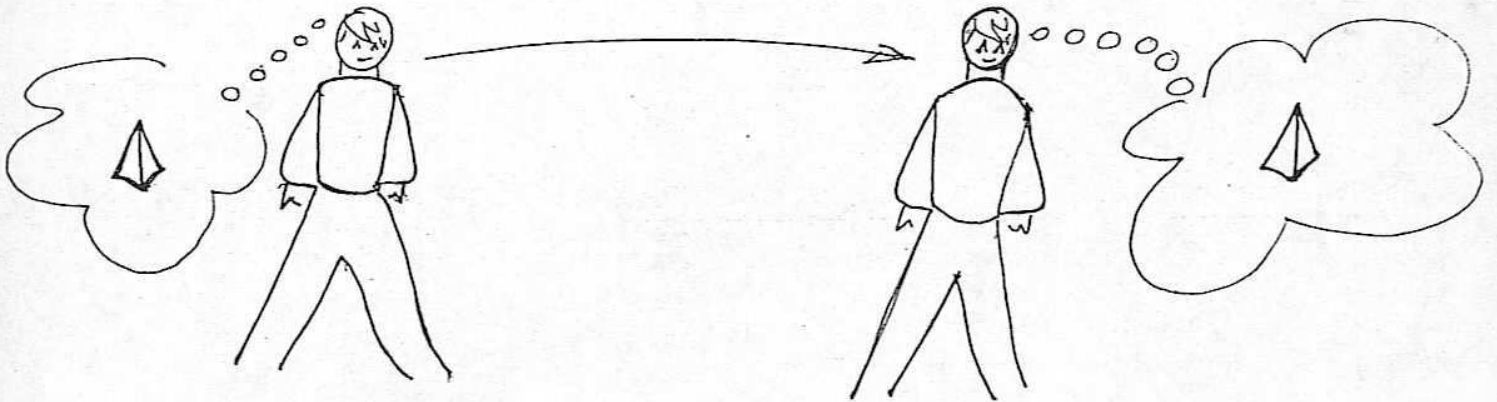


These are useful in clearing words and concepts; many kids have a tough time conceiving visual pictures when data is relayed. If I do these in a large manner it

insures good duplication, understanding and retention of the data. The manifestations you will see in the audience are the same as with a student who is reading. They will begin to slouch in their seats, rub their eyes, and the most common, they will begin to get bored. I could spend an hour on this subject alone, but briefly here: Think back to a teacher you had in school that "bored you to tears" or any speakers you've seen that were really boring. One of the reasons for this is that they weren't supplying any mass with what they were trying to convey or they never really got a nice clear concept in their own minds of the data they were trying to relay. It comes across flat, boring, and dull because the cause point looks like this:



Instead of this:



So having a nice clear visual picture of what you're communicating yourself is important.

- B. Hand motions and mime help a lot; Body motion, lots of motion of any kind helps immensely, especially with younger audiences. (Take time to watch kids 8 - 11 years old on a play ground and all you see is motion, motion, motion.) That is their reality level. It's fast paced, it's action, it's movement. With kids between the ages of 7 - 13, if you do a fairly stationary presentation you violate their reality and this happens,

o COMMUNICATION
↓

o AFFINITY
↓

o ~~REALITY~~

- C. Sound Effects as "Mass" - when I first started doing these talks I began to use sound effects almost "sub-consciously" because I knew that if I could add some "soundtrack" to the visual presentation that it would go a long way in providing mass. I learned fast that this was a society of Sesame Street, Bugs Bunny, and Arnold Schwartznagger - ZOOM! CRASH! POW! BANG! WOOOSH! ZING! ZIP! SHOOOSH! BLAM!!! For example, in describing the pictures sequentially in the mind; "PA..PA..PA..PA..PA..PA..PA..PA..PA..PA..PA!! One right after the other, all in order, all in sequence."

It can take data from way back here and "WHOOOOOOSH!!!". It feeds it to the person, he takes a drink "GUUG, GUUG, GUUG", he sets the dish down, "PCHHK!", the line goes up "SHHHHK, SHHHT" and down "PKCCKG". He gets out of the car and closes the door

"KKKCHTT!".

Get the idea? Good! Keep your purpose line clean as far as using it to supply mass and reality - they will think it's cute, they will think it's funny and that's O.K. - but KEEP THE PURPOSE CLEAN.

D. Personal Story's

I learned a long time ago that by personalizing the presentations by using real people in example stories to help illustrate the data, helps them visualize the information and also helps keep reality high.

This is something that comes almost naturally as you do the talks, it develops on it's own. The best way to ease into it is as follows:

1. If you are going to do a 45 minute talk, go in there with as much data as possible. i.e. Formats for Drugs in Body, Media, Mind, etc.
2. Have a main theme; Drugs in Body for instance, and go in there ready to present that first, but, have the back up data on other topics to fill in.
3. As you do more of these you begin to integrate little stories in to illustrate points. So what happens is - "Drugs in Body" takes 15 minutes at first and rapidly evolves* into one 45 minute lecture (with 10 minutes for questions).

* This is important because the best retention level is achieved by taking it one datum at a time and working it left, right, center and upside down. Take your time, let it develop and you'll have nice wins.

5.) Maintaining "2 Way Flow"

THE DEFINITION OF AUDITING PER LRH IS: The action of asking a preclear (person who is finding out more about himself and life) a question (which he can understand and answer) getting an answer to that question and acknowledging him for that answer.

I have observed that this patten seems to work the best even in teaching someone something:

- A. A little bit of data and ensure it's understood.
- B. Ask a question the group can answer as a group.

C. When they answer back, give them a good acknowledgement. Repeat A,B and C throughout the lecture and it's like magic!
Instead of looking like this:



It looks like this:



* I'll give more reality on this when we hit the section on the various presentations

6.) Handling Audience Questions

Always answer their questions; this entails a lot more than it appears. I try to fully answer their question. Sometimes this entails giving a segment of another lecture or even a real life story, but whatever way I do it, I try to answer it so that it's answered and understood! If it's going to take 5 minutes to answer, I

let them know and get their agreement to proceed. Whether it's a 5 minute answer or a 5 second answer I check back to see if they got their answer, like: "Did that answer it for you?" In other words, I don't go on until it is completely answered and they are satisfied.

One more thing, if they ask a question, I will usually validate them for asking. In other words, I'll say something like, "Great question" or "I'm glad you asked that". I try to make them feel important for asking.

7.) Handling Interference

I touched on this earlier and I want to cover this briefly here - before going out to lecture be well versed on the Narconon Ups & Downs in Life course so you have all the information. In a nutshell certain people will sometimes try to interfere with the presentation so these are the rules I try to follow:

A. Always have a teacher in the room when doing the presentation - their presence acts as a deterrent for potential trouble makers. If you are doing 100 or 200 students, have several interspersed throughout the audience. *

* With this handled, you can now get through to your high percentage of kids who want the data.

B. Always ignore interference completely and keep a steady flow of communication to the kids who are listening (98%) and increase your volume to get through.

C. Never stop to reprimand kids who are being disruptive. It puts 2 hats on simultaneously, educator and disciplinarian, and this stops the data.

D. If you're in a situation where you're undermanned with teachers in the room and you have a kid or kids that are determined to stop you, I do the following:

1. I stop talking completely.

2. I TR - 0 the audience for about 5 seconds.

3. When everyone is quiet I give them this R-Fact:

"Most of this group has been great and I really appreciate it. There are a few who will not stop being rude. If they keep it up I'm going to have to

end the talk and walk off. I've never had to do this before but I will. Once again I thank you guys who are listening for being a great group and I hope we can continue." This points out a specific problem, doesn't invalidate the good guys, usually gets the teachers scrambling to wear their hats as ethics and the show goes on.*

* In over 2,500 presentations, I've only had to carry through and walk off once. Situation: 220 eighth graders in an auditorium, one teacher in the room, no microphone (with a mike you can blow through anything), too many anti-socials and no ethics section.

Over 95% of the groups are great, lots of fun and pretty easy, but it helps to put the basics in and avoid learning the hard way.

8.) Ending the Lecture

Here's the shortest section of the hat, but an extremely important section. I try to end off at a point where they can shout something back. For example, on the tone scale the last line would go something like this: "So which is better, Apathy or Enthusiasm?" Audience, "ENTHUSIASM!". Me, "RIGHT!". "Before I end, I would like to thank Mr. L.Ron Hubbard for allowing me to use some of his information in this talk...also I'd like to thank Mr. Hubbard for helping me get off drugs and I appreciate that a lot! Most of all I'd like to thank you very much. You've been a great group, have a safe, drug free school year."

That's it; 2 way flow at the end, acknowledge Ron, acknowledge them and end off very up beat.

9.) Leaving the School

Very simple, meet with your comm. line, let them know the kids were great (if true) and you loved working with them. Leave data on the lecture series. Use good manners, good TRs and tell them to feel free to call us anytime.*

* See Section C on Administration for rest of hat

SECTION B - THE LECTURE SERIES

1.) Drugs in the Body

After doing the communications drill and banging the board, I direct their attention to this diagram. (Script does not have to be followed exactly.)

"The first thing I want to talk about is how drugs stick (then I start drawing Xs) inside a person's body and they don't all come out."

(Pause) Look at board, "Looks like zits, Uh!"

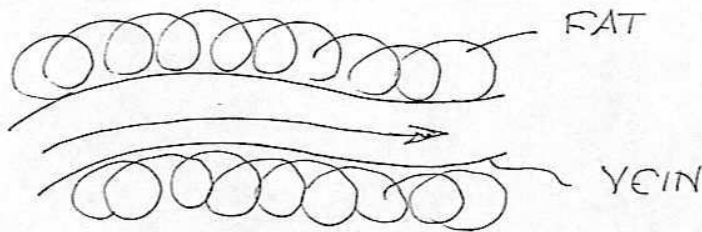
"How many of you have seen someone take some kind of liquor, like whiskey, wine or something like that and mix it with water, ice or soda?" (Hands)

"O.K., well if you watch that person, he takes that and dumps it (SWOOSH) into the glass of water, then he stirs it (I act this out with my hands) and it mixes. It goes into the solution with the water. You can see this with your own eyes. Now, if a person drinks that stuff (act out) it will go through their body within 1 day. Not true of most other drugs. How many of you have heard of Marijuana? (Hands) Inside Marijuana there's this (chemical if High School students) stuff, this stuff is called 'THC'. That's the stuff that gets a person 'High' when they take the drug. If you took 'THC' and stirred it into the water (act out, sound effect - BDDDDDDDP!) Woops, it doesn't mix. It floats to the surface of the water - it doesn't mix. But now take that same 'THC' and put it in a glass of fat or oil, stir it into the fat, PDDDDDDDDDP! it mixes." (Act all this out)

"Everyone take a look at the inside of your left wrist and see if you can find some veins. Good! Now pinch just a little bit of the fat close to those veins and take a look at how close that fat is to those veins. Good, now everyone take a look right up here! (Bang the

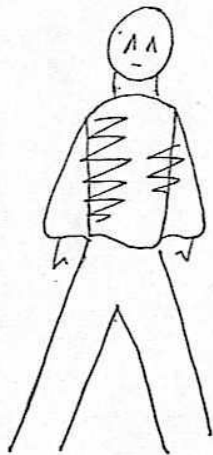


Blackboard!) Here's the fat. Here's the vein and here comes the ----?" Audience, "DRUG!"



"Because the fat is so close to that vein and drugs will mix with fat, that fat draws that drug into it like a magnet. Tiny bits and parts and pieces of the drug start sticking into the fat more and more, until after a while this guy is like a walking drug store!"

"Well, so what! Big deal! Why is this important? Well, for one thing, while the drugs are locked inside of the body they kind of burn up the vitamins and minerals inside the body." (Back to diagram)

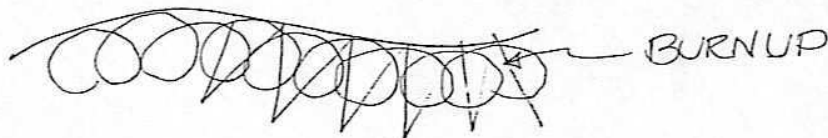
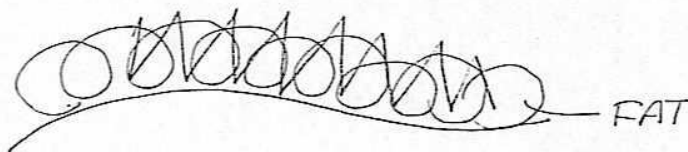


"But even more important than that is this!"
(Story)

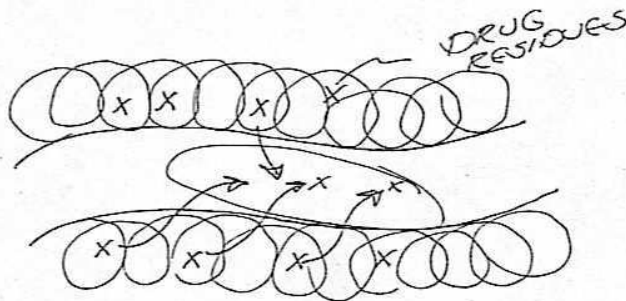
"Let's say you've got a guy and he's been taking drugs ... one day he says, 'That's it, I've had it. I'm

ruining my health, I'm spending all my money, no more, ' and on his own willpower he stays off drugs for 1 year and at the end of a year he's feeling a lot better." (act this whole scene out if it's 1st - 5th graders)

"This guy, he gets up in the morning and he goes outside. (stretch!) It's a bright sunny day, (looks up) the birds are singing." (I put my hands behind my ears and motion to the group) Audience - "Chirp, chirp, chirp" laughing. "The bees are buzzin'!" Audience - "Bzzzzzzzz!" laughing. "And he feels fine. This guy goes over and gets into his car. (act out, sound effects) He starts driving downtown ... like I said, (repeat birds, etc.) All of a sudden this guy looks over and he sees his buddies playing a game of basketball. He pulls the car over, gets out of the car and he starts playing basketball." (act out the whole thing) "He's dribbling around, he's working up a sweat, he's burning up a lot of energy and he's also burning up ... What?" Audience - "Fat!" "The what?" "The Fat!"

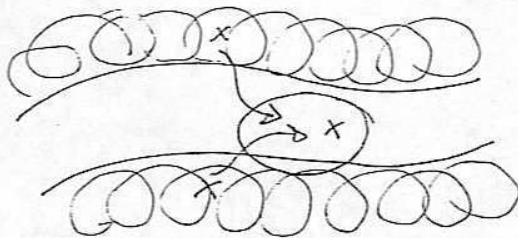


"But when this fat burns up a little tiny amount of that drug seeps back into the person's bloodstream and he gets just a little tiny ... taste! ...of that drug!"



"How many of you like ice cream sundaes? (Hands)
O.K., what I want you to do is get the picture of your

favorite ice cream sundae. With all this whip cream, (SHHHHHHK!) and goo (PLBBBBBBBB!) coming down the side and I take this ice cream sundae and I set it down (PKCCCH!) right in front of you and you take a great big bite of it. You have all the ice cream in your mouth and I take the ice cream and I throw it on the ...?" Audience - "Floor!" "Right! Right at that very moment ... what are you probably gonna want (besides wanting to punch me in the nose)? What are you gonna want more than anything in the world?" Audience - "More ice cream!" "More what?" Audience - "More Ice Cream!" "Right! Well, that's what this guy wants, he wants more ice cream ... only with him it isn't ice cream ... (long pause) ... he wants more ..." (point to the board)



Audience - "Drugs!" "Exactly!"

Act out - "This guy takes his last shot of the game and (gives hi-fives to his friends) he goes back over, gets into his car, (sound effect) and he starts to drive downtown. Like I said, it's a nice sunny day, the birds are singing ..." Audience - "Chirp, chirp, chirp" "the bees are buzzin' ..." Audience - "Bzzzzzzzz!" "and he feels fine. Somewhere in the next 30 minutes he goes something like this." (Act out) "He pulls the car over, gets out of his car, (sound effect) he walks over and picks up the phone ... and he calls ... Joe Schmoie! What do you think Joe sells to make a living?" Audience - "Drugs!" "What?" "Drugs!" "Exactly! And it's actually going to happen this fast and he's not even gonna know what happened. He goes out that night and sadly enough he takes drugs."

"The next day he's sitting at his kitchen table having a cup of coffee and he goes, 'Oh No ... that was stupid! I was off drugs for a year and I was feeling a

lot better and now I'm taking them again.' He might even give himself a wrong reason as to why all that happened. He might say to himself ... 'I must be some kind of mental case or something.' Well that might be true, sometimes it is but most of the time just like you wanted more ice cream, this guy wants more ... ?" Audience - "Drugs!" "Right! But with him it's a little tougher because at least you can see your ice cream on the floor, this guy can't even see what's ... ?" Audience - "Happening!" "Right! O.K., I'm gonna do a little timeout and before I go any further I want to thank you all for being a great group ... give yourselves a hand." (Applause) Time out - answer any questions.

The above is a word for word script and it's purpose is to give you a good idea of one presentation. You should watch the training tapes and come up with your own scripts as well. The main point is to get the important LRH datums duplicated and understood.

The following are outlines of the lecture series.

2.) Physical Addiction, the Attack on Vitamins and Minerals - "The Line"

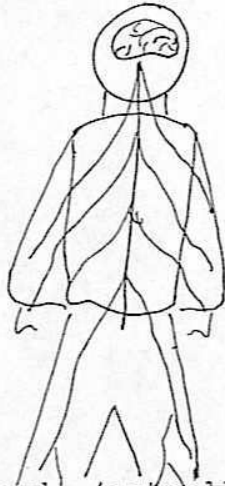
This is based off LRH data in the "Clear Body, Clear Mind" book sections on nutrition and Adelle Davis books on symptoms of nutritional deficiencies. It works basically like this:

Two things happen when a person takes a drug, after it enters the body.



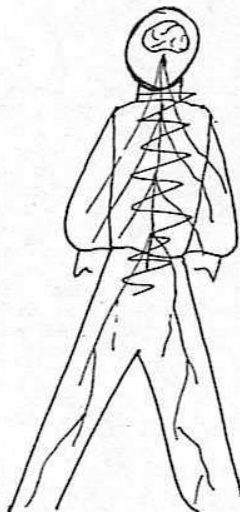
There's almost an immediate "burn-up" of vitamin C, B, Calcium and Magnesium.

But almost simultaneously, the entire body goes "numb". The exact data is: Drugs impede the electrical conductivity of nerve channels. (LRH) If you said that to a group of high school students - forget about the 5th grade - you would have the "blankest" looking audience you ever saw. This is a good point to show you one technique I use to clear words.



board, (actually do this) I can't see it, obviously, but I do get a message from my fingers (SNAP!) to my brain (SCHOOOOOSH!!) To my brain!" (point to brain)

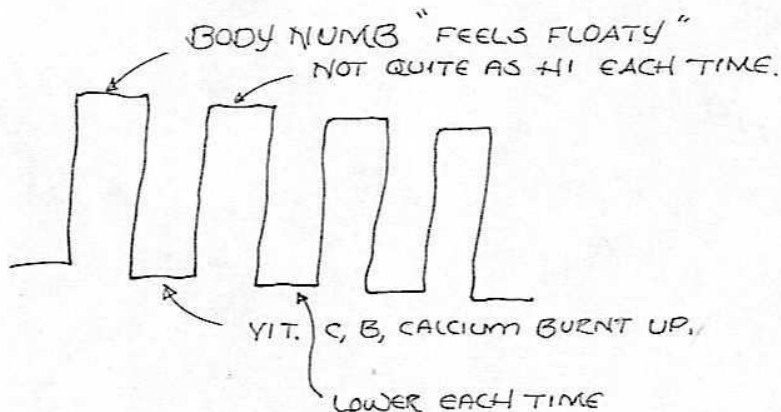
I will have the kids (if 2nd - 5th grade) sometimes close their eyes, reach down and feel their chairs, then ask, "Can you see the chair? O.K., but do you know it's there? Good, well that's how this message system works. It also sends another kind of message ... anyone know



"Inside our body's we have a brain ... I hope! And coming from the bottom of the brain and spreading through the body is what we call the Central Nervous System. All this thing really is, is a message system. In other words, if I close my eyes, reach back and feel the

what that other kind of message might be?" If someone guesses it, I punch it back and emphasize it. "Right, Pain! (act out) In other words, if you stub your toe ... the message goes SCHOOOOOK! OW! O.K., you guys got that? Good! So it looks like this; right after the vitamins and minerals

are burnt up, that entire nervous system goes "Numb", in other words, POOOOOF! No more pain!" After this set up I give them the line:



"The difference is slight each time, but it always goes lower. What is lower?"

Vitamin C - Not enough in body = Headaches

Calcium - Not enough in body = Aches & Pains

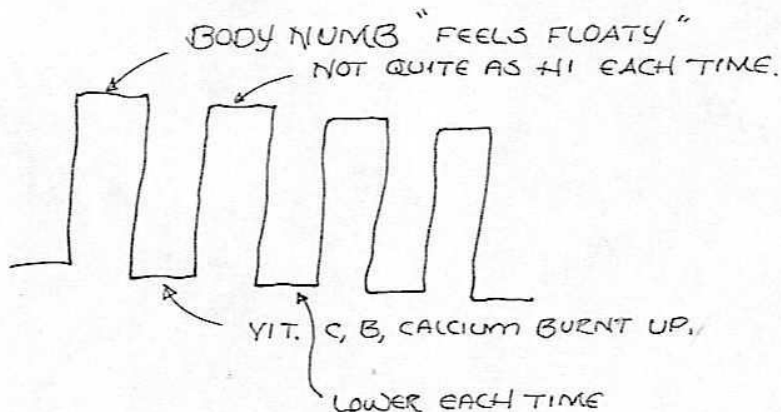
Magnesium - Not enough in body = Nervousness

"So each time he goes lower, how is this guy going to feel?" Ask questions, get them thinking! I will usually tell a story about myself or some other kid taking drugs to match the "line".

The most important point to make here is that the reason most kids start taking drugs is because they see a friend or relative taking drugs. The person acts a little goofy and weird, but!!! the kids have been told that if you take drugs you'll die, yet when they get exposed to seeing someone they know take it, they are puzzled and curious about it. In a short time they feel lied to. I do a story and a set up to show how this can occur and I ask QUESTIONS, QUESTIONS, QUESTIONS! For instance, "If I'm standing there and I'm 11 years old, watching my brother take the drug and he's just laughing and acting goofy ... am I gonna think it's dangerous or safe?" Audience - "SAFE!"

Then I go into the line more in depth and show what actually happens - more headaches, body aches and nervous. After a while they don't want the drug ... they need the drug just to relieve all these unwanted

are burnt up, that entire nervous system goes "Numb", in other words, POOOOOF! No more pain!" After this set up I give them the line:



"The difference is slight each time, but it always goes lower. What is lower?"

Vitamin C - Not enough in body = Headaches

Calcium - Not enough in body = Aches & Pains

Magnesium - Not enough in body = Nervousness

"So each time he goes lower, how is this guy going to feel?" Ask questions, get them thinking! I will usually tell a story about myself or some other kid taking drugs to match the "line".

The most important point to make here is that the reason most kids start taking drugs is because they see a friend or relative taking drugs. The person acts a little goofy and weird, but!!! the kids have been told that if you take drugs you'll die, yet when they get exposed to seeing someone they know take it, they are puzzled and curious about it. In a short time they feel lied to. I do a story and a set up to show how this can occur and I ask QUESTIONS, QUESTIONS, QUESTIONS! For instance, "If I'm standing there and I'm 11 years old, watching my brother take the drug and he's just laughing and acting goofy ... am I gonna think it's dangerous or safe?" Audience - "SAFE!"

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Kids are programmed from a very early age to respond to alcohol advertising. I have proved this and do prove it week to week. For example, I'll ask a typical 4th grade if they want to make a game out of this. Audience - "YEA!" "O.K., I'm going to say a saying and you shout back the end of the saying as fast as you can if you know it. O.K.? Good, here goes: Nuthin' beats a ... ?" 90% of audience - "BUD!" (laughter). "Next one: Why ask ?" 90% answer "WHY! TRY BUD DRY!" "One more: It's it and ... ?" 90% answer "THAT'S THAT!" Bang, Bang, Bang, Bang! Automatic, programmed, mesmerized, stimulus-response, "Ping-Poom", information carefully layed in.

"How many of you have ever noticed that people on beer commercials are very, very healthy?" 90% of hands are raised.

What I try to do is use current commercials to show why we have such a problem. Whatever way you do it and however you get the point across keep asking questions and keep them thinking. I go into the mesmerization technique of advertising where pictures are flashed very rapidly at you and it has sort of a hypnotic effect. Also, "positioning" where beautiful women, fast cars and fast action is flashed intermittently with the beer to give the viewer an association with alcohol. Alcohol, especially beer, is as much a part of America as baseball and apple pie. You may even drink it yourself, but the major problem created by the media has become catastrophic to our country.

In interviewing "peer leader" groups (high school students - 16 years old), in several locations around Massachusetts, the response I recieved from one question was startling. "What percentage of the 8th grade in your school system drinks alcohol?" The percent went from 80 - 98%, and most of the peer leaders said that this was an every weekend occurence. I asked them because they are very close to the scene and if they are only partially right, we are in big trouble here!.

In interviewing cocaine addicts I found:

- A. 98% were drinking alcohol the first time they did cocaine.
- B. 80% bought their cocaine or made their "connection"

at a bar or club.

The only reason I've stated the above is to give you the picture of why it is so important to feature alcohol when educating kids on drugs.

I did not cover "preaching" or scare tactics in my index, but it is very important to avoid doing those and I mean almost completely! I even tell the kids, "I don't like to stand up here and preach about alcohol because usually when you tell someone not to do something, what do they usually do?" Audience - "THEY DO IT!" "Exactly!"

So what I do is give them the one piece of information that people seem to relate to the most.

- This is the #1 most important piece of information per the kids on their surveys (over 50,000 tabulated). this is not 100% LRH data, it comes from John Duff's "Truth About Drugs" book, but the method of communicating it is all LRH. I am going to do this verbatim because of the overwhelming response to it. This is very old information but it has been hidden by technical nomenclature and as a result no real understanding occurs (words like fermentation, distillation, aging, etc.).

The script: "Does anyone know exactly how they make alcohol?" Audience usually make a couple of guesses. Acknowledge them for good guesses. "O.K.! I need everyone to watch very closely for the 3 to 4 minutes because what I'm going to do is explain exactly how they do it and I hope this information helps you as much as it did me. Here's how they do it. They take a great big barrel that's open at the top. (Form the shape of it with your hands - mass) Then they dump some kind of food in it like grapes for wine, barley for beer, potatoes for vodka. They add some water and mash it all up. (Hand motions) Then somebody comes along and puts a flame under it. (Hand motions and sound effects) They let it cook for a while and then somebody else comes along and shuts it off." [Sound effects, hand motions make this presentation visual, very clear - this has to make a lasting impression.] "Then what they do is let the food sit there for a couple of days ... then they let it sit there for a few weeks .. until after a while, the food

starts to rot ... wouldn't be alcohol if it didn't rot ... it gets a little more rotten, and rotten, and rotten, until after a while what you've got is a bunch of dead rotten food. Then guess what they do?" Audience - "DRINK IT!" "Good guess, but not yet. They let it sit a little while longer!" Audience - "EEEEUUUU!" "It would be kinda like this, let's suppose I've got a bunch of bananas and I take a banana and tear it off the bunch. (act this out; sound effects, hand motions, whatever) I walk over and hand it to you. You take it, 'Oh, thanks a lot', but you are busy cleaning up the kitchen with your mother so you take the banana and you stuff it in your pocket ... then you realize ... 'Woops, I might squish it', so you take the banana and you put it over on the window sill and you go back cleaning up the floor. There's just one problem here. It's the middle of June ... and this is the last day that you're there. You're leaving for the rest of the summer. Your mother comes in and starts hassling, 'Hurry-up!', and the next thing you know ... WOOOSH! out the door you go, and you forget all about the ... ?" Audience - "BANANA!" "Right! It's about 2 months later, it's the end of August ... you come home, you open up your front door, you walk into the living room and ... make a face like something stinks, check your feet for dog poo, and go 'WOOA! ... what's that? Hey Ma, did you let a dog in here or what?' All of a sudden you look over into the kitchen and go ... 'Never mind'. (make a face like something really stinks.) 'I found it.' So you walk over into the kitchen, you sneak up on the banana ... you pick it up, it doesn't look the same as when you left, you flick off a couple of the maggots that are crawling on it." Audience - "EEEEUUUU!" "You peel down the banana and you take a great big bite!" Audience - "AAAAUUUGH! EEEUUUU! OHHHH!" "I wouldn't recommend that you try this at home."

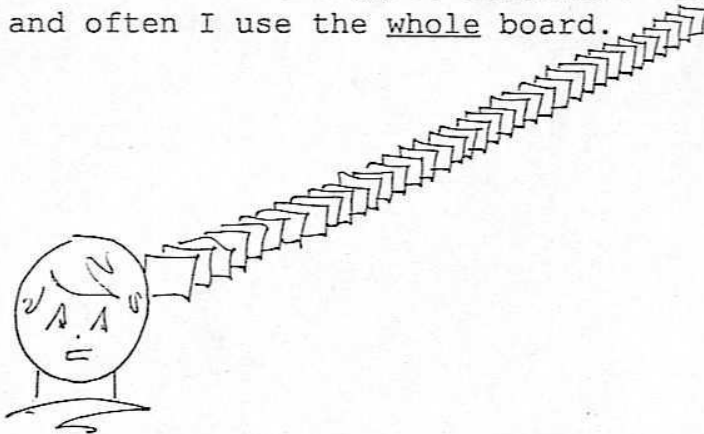
"What is about to happen will totally amaze you ... first of all in a few minutes you are going to feel a little dizzy ... then you are going to feel a little light headed ... and the next thing you know you are going to start to feel HEEU, HEEU, HEEU ... you're going to feel drunk. But then about 5 minutes later your stomach will start to feel funny and the next thing you know,

your mother will probably call the ambulance to take you to the hospital to have your stomach pumped. That's all alcohol is, is dead, rotted, food. It actually is poison! This liquid separates from all the dead rotted food. Now you've got this dead, rotted liquid on top of the dead, rotted food. They skim it off the top and guess what ... ? It's the right beer ... ?" Audience - "NOW!"

That's how I do it and that one fact, communicated correctly, has had more impact on kids decisions than any other fact. (It's power is in it's simplicity.) I spend a lot of time on the media because it's the source of much of the false data you are trying to dispell.

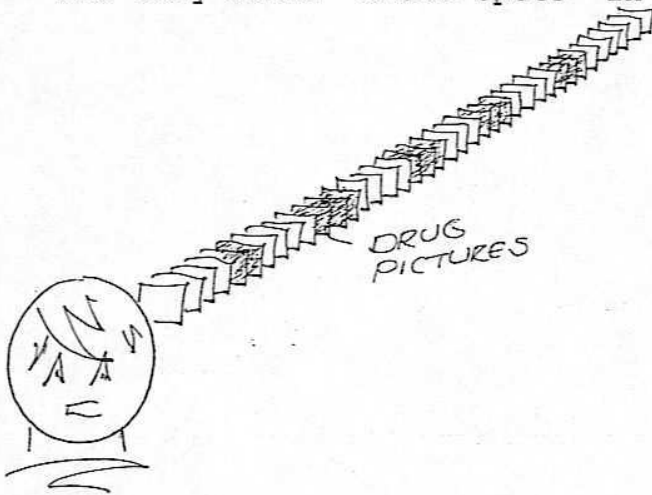
4.) Mental Effects - "The Mind"

Most of this data comes from "Dianetics '55'" LRH. This is real important, also high school kids relate to this more than younger students but even with them it's important to use the biggest diagrams. It looks like this and often I use the whole board.



I do a preface on exactly what a mind is by having them close their eyes and get a picture of their favorite place. Once they get a nice clear picture I direct their attention to the board and the diagram. I let them know that the mind takes 25 pictures a second and I use sound effects to illustrate the pictures being recorded one after the other, rapid fire. PANG, PANG, PANG. I prove to them that it records that fast by asking them if

they've ever seen an old time movie (it looks very hurky - jerky). Then I have them compare to a new movie. In the old days they would run about 15 pictures a second through a light, so it didn't keep up with the mind. Today they run 25 pictures a second through the light, so it looks normal. I go into an explanation of how fast this thing works and what an incredible gift it is. It will take data from way back here and it gives you answers. I make this very animated and move fast. (It doesn't matter what you do but try to get across what a mind is and how important it is.) I then go into the fact that drugs "blurr" the pictures. They make the pictures fuzzy, dull, and blurry. We call these occluded pictures and they cause "blank spots" in the mind. When a person



tries to retrieve data or answers through all this blurry mess he can't do it. So I ask, "When I took drugs and I had all this blurriness in my mind, do you think I succeeded or failed?" Audience - "FAILED!" "When I failed do you think I got encouraged or discouraged?" Audience - "DISCOURAGED!"

"When I got discouraged what do you think I did more of, more what?" Audience - "DRUGS!" The whole point here is to read all the references from LRH on the mind and drugs, use lots of mass and you'll have a successful presentation.

5.) Effects on the Person - The "Tone Scale"

This one has incredible impact on high school audiences if done correctly. The reason for this is that it is very real, they have seen it, so they know it's true. It is a real eye opener to many.

The most important thing to do is to know this scale from the bottom all the way to the top, 40.0. You will need to clear up any words or confusions and then drill the scale per the mood drills bottom to top, top to bottom, several times - know it and be able to mock it up. These are the major tones on the scale I cover so it's not out-gradient or out-R.

Enthusiasm
Cheerfulness
Strong Interest
Contentment
Boredom
Anger
Covert Hostility
Anxiety
Fear
Grief
Apathy

Conservatism was a bit cumbersome for the kids and Contentment was something they could relate to easily as well as Anxiety. That is why I have them drill those two harmonics. This is the way I run it: I have them find a partner they can work with and I start from the bottom. (Do not write the tones out first.) First I write the word Apathy on the board and I define it (as I'm writing) as just not caring, don't give a damn about anything. I ask them, "How many of you have seen someone like this?" (Hands) "O.K., well it looks something like this ... " Then I act it out. (This is very funny to them if you have this scale down cold.) Then I say, "All right, take a look at your partner, sort of feel like you don't care about anything and say hello in the tone of Apathy." This is a great demo and it is a lot of fun. I do the same procedure all the way up.

1. Give them a simple definition.
2. Act it out.

3. Ask them if they've seen this.
4. Have them drill it.

One note here on Covert Hostility, I have them look at their partner, give them a big smile, think rotten thoughts about them, don't stop smiling and say "Hi!". This really punches the reality in there! I really let them have a lot of fun on this and I just ensure they really duplicate it.

Once they have a good concept of the scale, I go into what drugs do: "Here's what happens to the person. Let's take marijuana for instance, a person starts out

Enthusiasm	and he's a little
Cheerfulness	bit bored a little
Boredom	too much of the
Anger	time. Along comes
Covert Hostility	Joe Schmoe and says
Fear	'Here try some of
Grief	this.' The C.N.S.
Apathy	goes numb and it
(see diagram	"lifts" the person
on next page)	into a false cheer-
	fulness. The only
	reason I say it's
	fake is because

what happens when the drug wears off. Does it go up or down?" Audience - "DOWN!" "That's right, and when he comes back up he doesn't quite get back to where he was before."

I draw the scale on the board and the progression downward is illustrated like this:

* This information is taken from "Science of Survival" LRH and communicated in the lecture to explain the Theta-mest Theory in terms kids can understand.

Enthusiasm

Cheerfulness

Strong Interest

Contented

Boredom

Antagonism

Anger

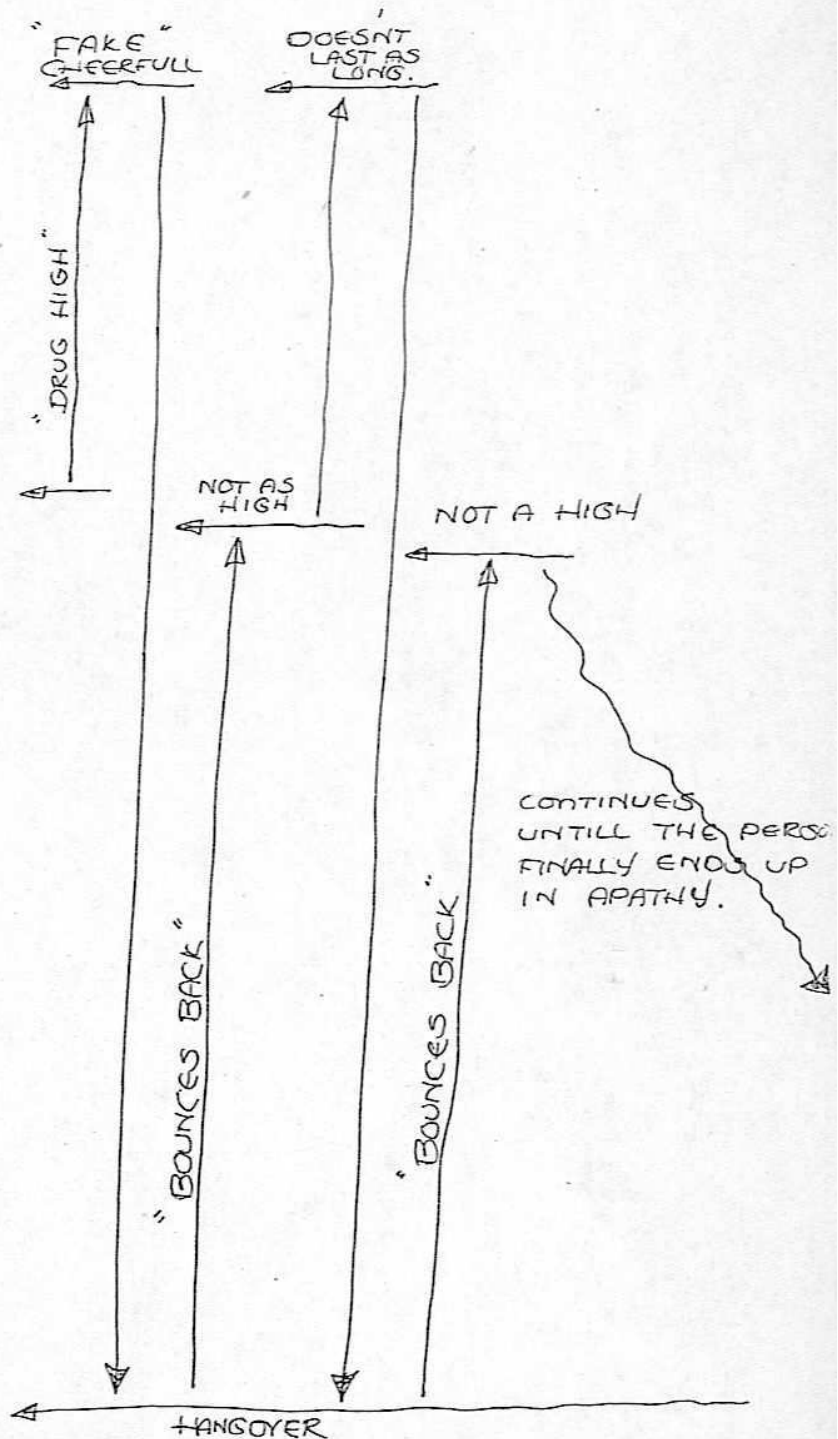
Covert Hostility

Anxiety

Fear

Grief

Apathy



The whole point is to show that the chronic tone level drops lower and lower and there is less and less "life". this will take at least 30 minutes and they really can see it and track with it.

6.) Goals

One last little presentation I have done is still in its experimental stage. It is important to really know the data on Be-Do-Have to do this one. I lay out the tone scale again.

On this one:

Enthusiasm
(I write 'Enthusiastic'
for the presentation)
Cheerful
Strong Interest
Mild Interest
Contented
Boredom
Antagonism
Anger
Covert Hostility
Fear
Grief
Apathy

I go over the fact that the most important tool I've used in my life over the past 15 years is to set goals:

Some are be goals:
be an astronaut, be a pilot, etc.

Some are do goals:
go skiing, play baseball, work in a store, etc.

Some are have goals and what I mean by that is what am I going to produce, what am I going to make, or create, or end up with after I do what I'm doing.

An example: Drug Education Teacher Doing Presentations For Kids...For What?

Answer: "Drug free kids who are happy and living a drug free life." Now that has always seemed like a good goal to me!

Some more examples of products:

Physical Therapist - a person with a healthy body.

Pilot - passengers safely at their destinations.

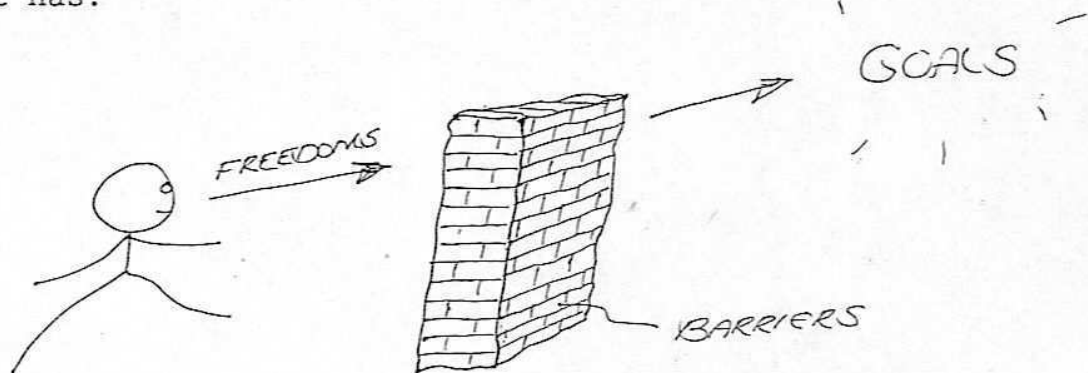
Cabinet Maker - a well built cabinet.

These are not only products, they are things you can have or attain, and they are also goals.

You can take a few minutes to let them write down 3

products they could get. Make sure they are the products, not something they are going to do or be.

The last thing I let them know is that one thing I've observed is that people who actually set goals and work towards them are the happiest people I've seen. This might sound strange but life is sort of like a game. It has:



Use an example of a kid playing a game. "If he's going towards the goal line and the other team falls down and they let him score, then they do the same thing again, and again. After a while how is he going to feel?" (point to scale) Audience - "BORED!" "Exactly, but now give him the ball and he gets 5 yards, then 2, then 8, then 10, interestingly enough he hasn't scored; he hasn't even reached the goal yet but is he probably going to be having fun?" Audience - "YEA!" "Right. So go for it, set goals you can reach, work towards them and you will probably feel interested, cheerful and...?" (point to enthusiastic) Audience - "Enthusiastic!" "What?" Audience - "Enthusiastic!" "Right."

That's it on the lectures themselves; I hope that helped. The bottom line is "know the data from LRH and know it cold in the Narconon Courses, Dianetics 55, Fundamentals of Thought, 'Clear Body, Clear Mind', Obnosis and the Tone Scale". Practice your TR's and keep your purpose in mind so you can get your product and have fun.

7.) Marijuana

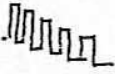
Due to the current (1995) epidemic of marijuana use among teens I have found it necessary to dedicate an entire presentation to this one drug. The perception (even amongst adults) is that marijuana is a "harmless relaxant". There is a very set pattern in doing the presentation, the following is the outline:

1st step: Ask how many know someone who smokes marijuana.

2nd step: I strip off the false data on marijuana simply by asking "How many of you have heard something positive (or good) about marijuana?" (hands go up!) Let them air it out, calling on one person at a time. After awhile they really see the absurdity of it as long as you simply listen and acknowledge!

3rd step: (Note: for this you can work in your own similar experience) I tell them the biggest piece of false information I got was when I was 10 years old. "My mother had told me, 'If you take drugs, you'll die!'. That seemed correct but when I was eleven my older brother (he was 14), was smoking marijuana so I got worried. I went up to his room and I decided to watch. I watched him smoke it and all I see is his eyes get red and he's acting "goofy". The next day I watch him again and the same thing happens, he's giggling & laughing and it looks "safe". I watch my brother 15 times and see the same thing each time. At the end of 15 times do you think that I thought it was dangerous or safe?"

(Audience: "Safe!") "Exactly! So I sent up into my brother's room and I tried it. Well the rest is history as far as what I told you, but what you should also know is that my brother eventually died from taking drugs"

At this point I go through the  focusing on vitamin C and how the person gets addicted. I will also add a bit of info on how drugs lodge in the body if time allows. An important point on the vitamins is to stress that you couldn't take enough vitamin C to make up for

what the drug destroys (some kids using could try and use this as a handling). You can also mention that a person goes down the scale (line) mentally and emotionally as well.

What this presentation does is:

- a. Dispell "false data" on the subject
- b. Gives the person mass on what it will look like when a person takes drugs.
- c. Why it appears "safe"
- d. What marijuana really does to a person.

8.) Miscellaneous

A. Cocaine and the Heart -

Here's just a basic medical (actually came from a chiropractor) datum. Cocaine causes a constriction of the heart muscle and the heart has scar tissue left on it. It is the build up of scar tissue on the heart that can eventually cause the heart to burst (massive coronary). Once again it is the way this is communicated; I use sound effects all the way. For example, heart beating (PA-POOM, PA-POOM, PA-POOM), bursting, etc., very visual, hand motions, anything to visually get this across.*

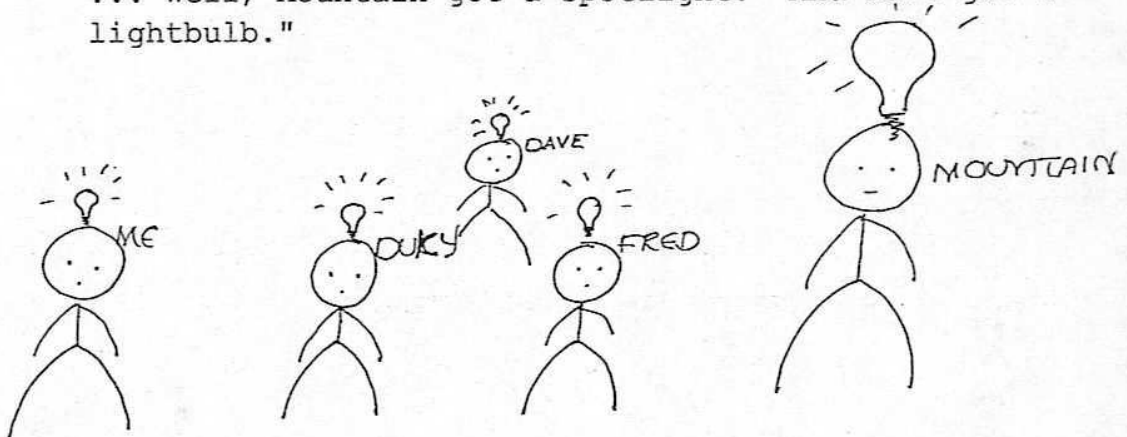
* This rated in the top 3 of datums they felt were important.

B. Group Agreement -

They don't seem to latch on to this datum unless I use some sort of real life story. I usually tell this after they have the data on the vitamins, minerals and the body going numb. I basically have covered a "drug release" with them and have gone over the numb, floaty, no pain feeling. I then tell them a story that goes like this:

"When I was in college there was one drug we all swore we would never take ... and that was LSD. One night I was at a party and my friend Freddie came over to me all excited and he said, 'Bob, you gotta check this stuff out ... it's great.'. I said, 'What is it Fred?'. He said, 'It's acid!'. I said, 'You mean LSD?', and he said, 'Yea!'. I said, 'You're crazy Fred, you're gonna fry your brain.'" (The way I illustrate this is as follows.)

"Fred says, 'Suit yourself' and he goes back to the party. About 10 minutes later Fred comes back over and he's really excited, 'Hey Bob, I'm telling you this stuff is great. You gotta try it.'. I said 'I told you NO WAY and I mean it.'. Fred gives up and goes away. About 20 minutes later he comes back and tries again. This time he says, 'Hey you know what?'. I said 'What Fred?' and he said, 'Dukie and Mountain, their taking it right now.'. I said 'That stuff?'. He said, 'Yea!'. I didn't believe it so I looked across the room and I could see Mountain (anybody could see Mountain!). Mountain looked back at me and he had this gleam in his eye, gave me a big smile, and put his thumb up in the air like 'Yea ... good stuff!'. Well, at that point I did something that many people do. I watched and I watched the way they acted, and I listened to the way they talked, and I watched them for over an hour. What I saw is the same thing you'll probably see, they looked a little weird, they laughed a lot, and they acted a little goofy, but no one jumped out of a window or tore their hair out, and to me ... it sort of looked ... safe. So a while later I said to Fred, 'Let me try a bit of that' (figuring a little bit wouldn't hurt), and something happened that night ... a little light went off in my head. And Dukie got the same lightbulb, and Fred. Mountain ... well, Mountain got a spotlight! And Dave got a lightbulb."



"'Drugs aren't bad cause I feel good!' We call this Group Agreement. It might not be true but we all agreed to it. As the months went on, more and more kids had this agreement and you feel it's more and more right, the more people agree. Eventually, two of these guys ended up in mental hospitals, one died, and I nearly did myself, but because it seemed good at the time, it very nearly killed us all." (This is done with a lot of movement motion and graphics, and it is the story that gives them the reality.)

O.K., so that's about it on the miscellaneous facts. In actuality, I had about six and a half hours worth of information but I found out quickly that their is only so much they need to know about the subject. What I'm really doing is this ... this is important ... all I am doing is giving them stable datums (basic truths) that will pull them out of the confusion that this subject is emursed in. The product is a kid who, having the basic truths about drugs, can make a sane decision and live a Drug Free Life.

9. "Good Drugs" - "Bad Drugs" Myth

Background:

The people that I'm usually involved with in the high schools are: Health Teachers, Guidance Counselors, Health Coordinators and School Nurses. The requests vary as to what subject they want addressed but there was one common denominator with school nurses, they wanted me to do a talk on Medical Drugs.

When I asked why, the story was always the same. "These kids are eating aspirin like candy" and "many kids are taking anti depressants to get high and they don't see anything wrong because they are prescription drugs." I began to research to try and find the reason that parents and teachers were so reasonable about giving kids ritalin, people are flocking to get their prozac and kids attitudes country wide are that "drugs aren't dangerous." I previously spoke about finding out why most people feel that drugs cure things. To roll this back and brief you on it, it plays out like this.

1. The first stable datum kids get on drugs is Bad Drugs and Good Drugs. You have to understand that this is the very foundation of their education on drugs - the stable datum. The "education" continues by using numerous examples of bad (cocaine, etc..) and good drugs (ritalin, aspirin, prozac etc...)
2. The next step is to train the 2nd and 3rd graders that kids who take medication are not to be "stigmatized" and the drugs help these kids to fit in, to deal with social situations and helps kids to learn.
3. They are indoctrinated into this kind of "think" from 7 years old into their teens and are brought up with the idea that "kids take drugs to perform better".

So having looked at the above situation and researching further we found the basic, basic why.

People don't know the definition of a drug. In other words they don't know what a drug is! The why opens the door to a handling and this next presentation is the handling.

Presentation

This is the most powerful presentation yet and this is why. Prior to this we used a kind of generic Narconon definition researched by John Duff in the 70s. This worked well but somehow never really punched the necessary data home. Recently I started testing a lecture using the LRH definition and Pow! This is the definition that gets the product.

Drugs essentially are poisons. The degree they are taken determines the effect. A small amount gives a stimulant. A greater amount acts as a sedative. A larger amount acts as a poison and can kill one dead. This is true of any drug. This is how I communicate that datum to kids.

- A) I look at the group and ask, "How many of you have had at least 1 drug education program? (Hands!) OK! Has anyone had 2 drug education programs? Alright! How many or you feel you know quite a bit about drugs?" (Usually 75% or more hands go up.)
- B) I then say "OK...Who can tell me what the definition of a drug is?" (No Hands) "Wait a minute let me rephrase that. Who can tell me what a drug is?" (No Hands) "Everyone take a look at the number of hands that are in the air." (Audience Looks...No Hands!)

This blows away the know best and knocks down the first barrier to learning. Knowing that there's something to know.

- C) I then call one of the kids from the audience and tell them that I want them to do this skit with me. The patter goes like this:

"Tammy, have you heard about the phlergs? (Laughter)
Tammy: "The what?" Me: "The phlergs!" Tammy: "NN..No"
(Laughter) I turn to the audience and ask. "What's the obvious question Tammy's going to ask me? (Audience)"What's a phlerg?." Me: "Right, So Tammy ask me."
Tammy: "What's a phlerg? Me: "A phlerg? Well, I don't know exactly but kids are talking about them and some of the kids say they make you feel good and some of the kids say they're bad but everyone talking about them."

I now turn to the audience and say, "What going to begin to happen? Tammy's going to start to become...what?"

(Audience) "Curious!" Me: "Right!"

"Thanks Tammy. Give her a hand." (Audience Claps)

D) I now define a drug like this. "Ok!" (Clap my hands hard & really confront the audience) "I need total attention for 45 seconds. The definition of a drug is this:

"Drugs are essentially poisons. A small amount wakes you up. More of the same drug starts to put you to sleep. Enough of the drug, fast enough kills you dead!"

I immediately give this example: "How many of you have seen someone drink 2 or 3 beers?" (Hands) "Ok, how many of you have seen that guy get real loud. (I start moving fast, raising my fist in the air shouting "Party!"). Everyone raises their hands. "How many of you have seen someone drink 9 or 10 beers? Ok, How many of you have seen that person get real slow?" (I act this out and start to stumble). "It starts to put him to sleep! If anyone were stupid enough to drink quart of whiskey in 15 min. It would probably kill them...Dead! (Hit the palm of my hand with my fist).

Then I them give an example of aspirin. "The mildest drug I know of is aspirin... Sometimes this drug is necessary but to make my point if you took a bottle of aspirin about this big, (show with my fingers) and squished it, just squeezed the air out of it. You'd have about this much powder at the bottom of the bottle. (fingers 1" apart) "You could fit that into a teaspoon. If you ate it you'd probably be dead in a half an hour."

You have to keep the words you use simple and act out the whole definition. (mime, motions, etc.) This ensures full duplication and understanding. It gives them the one stable datum that will then give them an opportunity to think and make decisions. I end off with this:

Me: "Drugs are essentially a _____? Kids: "Poison!". Me: A little bit _____? Kids: Wakes you up! Me: "A little more _____? Kids: "Puts you to sleep!" Me: "Enough of the drug, fast enough _____?" Kids: "Kills you!"

SECTION C - THE ADMINISTRATION

When you go out to a lecture you will have a minimum of 3 sheets:

- a. The cover sheet - location, contact person, etc.
- b. The debrief sheet - put in what you did, how many, etc.
- c. The sponsor sheet - gives name(s) of sponsor(s).

1.) The Cover Sheet

The cover sheet is important as it lists out the name of the school, the address, the contact person, the number of presentations, grades, times, setting, blackboard (or other), microphone (if needed), and the directions. You should get your sheets at the beginning of the week, look them over carefully, make sure of these points:

- a. Do they have a blackboard or place to do your diagrams?
- b. Do they have a microphone if audience is large? (it can be deadly if not set up)
- c. Do the directions seem O.K.? In other words are they confusing in anyway? Do they show clearly how to get there? (This also can be deadly if you miss.)
- d. Can you look at age groupings and make a clear cut decision as to what you're doing with each presentation?

Those are the things to look at and you must have a good comm. line with the person who sets it up (Technical Services). If possible, meet with them at the beginning of the week and ensure it's smooth.

2.) Sponsor Sheet

This is simple; it is a sheet that contains the name of the lecture's sponsor. The patter goes like this: (shake the persons hand) "I want you to know you have a great group of kinds, I really enjoyed doing the presentation to them. I also wanted you to have this sheet (hand it to them). These are the sponsors and if you could write them a thank you letter we would really appreciate it, it helps a lot." That's basically it.

Use good manners and TR's and let them know they can feel free to call us anytime.

3.) The Surveys

These are vital. Make sure your contact person has the surveys and will take responsibility for getting them done - these are our lifeblood!

- a. They let you know what's working and what isn't, allowing you to correct yourself.
- b. It acknowledges that what we do works.
- c. They are great for proposals to companies because they can see what we do.

4.) The Debrief Sheet

This form gives you a place to write in what presentation you did, i.e. "tone scale" to what grade and then give yourself a score (1 to 10) on how it went. Also there are sections to check off as to whether or not you got the sponser sheet to them, the surveys passed out and how much they paid. There also is a section where you can make notes; I often write how the teachers and principal liked it and what I am going to do with each group next year. (There are many repeats.)

SECTION D - SUMMARY

Well, there you have it. This is every little point that I have found that has helped me get the product: Happy, Drug-Free Kids! The one intangible is really having a lot of love for them, they are our future and if we are going to make it they need our help. I personally believe that this activity, at this time, is one of the most vital there is. We can change the future, we can mold it and shape it towards a safer, saner, happier life for all.

Right now, there are only a hand full pushing the truth about this devastating abberation out into society. Soon there will be hundreds, I have the utmost respect for you!

Thanks!!

Bob Wiggins
Drug Educator NN Bsn

References used in Narconon® Drug Education Presentations
By Bob Wiggins - Narconon Boston

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