## HUBBARD COMMUNICATIONS OFFICE Saint Hill Manor, East Grinstead, Sussex

HCO BULLETIN OF 19 MAY 1969RB Remimeo REVISED 14 NOVEMBER 1978

NED Checksheet

(Reissued 8 April 1988. Only changes are updates of references listed and correction of a typographical error in the 11th paragraph. Corrections in script.)

## DRUG AND ALCOHOL CASES

## PRIOR ASSESSING

Those cases which have been long and habitually on drugs, medicine and alcohol sometimes suffer from a "SOMATIC SHUT-OFF." They appear anaesthetized (unfeeling) and sometimes have "nothing troubling them" whereas they are on drugs, drink or medicine and are in reality in a suppressed physical condition and cannot cease to take drugs or drink or medicine.

One can find, in such a case, a very high TA which doesn't seem to reduce. The TA can be brought down by auditing the drug and alcohol engrams as a chain.

Any such case took up drugs, alcohol or medicine because of unwanted pain or sensation or misemotion. You can use that as a stable datum which resolves the situation.

All it requires is a special assessment called a PRIOR ASSESSMENT. For the person looked on drugs, alcohol or medicine as a cure for unwanted feelings. One has to assess what was wrong before or prior to the cure.

( $\underline{\text{NOTE}} \colon \text{Prior}$  assessment is done after narrative running and preassessment with R3RA running of the drug, medicine or alcohol.)

Using the drug list obtained on the Original Assessment, take up the largest reading this lifetime drug, medicine or alcohol and ask the pc the following preassessment question:

"Prior to taking (the drug, medicine or alcohol) were there (preassessment item)?"

Take the largest reading item from the preassessment and ask the pc:

"What (item) did you have prior to taking (the drug, medicine or alcohol)?"

Continue with a full handling of the preassessment per HCOB 18 Jun 78R, NED Series 4R, ASSESSMENT AND HOW TO GET THE ITEM and HCOB 15 Jul 71RD, NED Series 9RC, DRUG HANDLING.

In doing this assessment, you must grab the read and mark it plainly as it occurs. If you just list and then go over the list  $% \left( 1\right) =\left\{ 1\right\} =\left\{ 1$ the person may be back in present time and, as these are now cut off by the masses of drug or alcohol engrams on top of them, they won't read again. So you must catch the read as the person first mentions it.

You choose the largest read and find and run the chain by R3RA as in any other New Era Dianetics auditing.

The only difference is the assessment time period. You are listing for a time before they went on drugs, alcohol or medicine.

The above prior assessment steps are done on each drug, medicine or alcohol that has read. They are handled in order of largest read. (Ref: HCOB 15 Jul 71RD, NED Series 9RC, DRUG HANDLING.)

The running out of the chain of unwanted feelings they had before going on drugs or alcohol or medicine removes the reason they started taking drugs, or medicine, smoking marijuana or drinking. The compulsion to still use drugs or drink is lessened and they can come off it.

This can also be used as a working rule to get earlier than any "curative" activity. Almost anything which comes later is a cure for something earlier. It could be said that the present time being is a compound of past cures. To handle, the action would be the same as for drugs, alcohol or medicine. Preassess the unwanted pains or feelings before the cure and run the longest reads by R3RA.

As there will be more than one chain involved, you of course take your next longest read and run that next, just as in any assessment.

The general term for this type of assessment is PRIOR assessing, not because it is done before auditing but to determine what the pc was suffering from before he used a harmful "cure."

L. RON HUBBARD Founder

LRH:an.rd.lfg.mdf.dr.pp

Printed in USA by Continental Nimeo WUS