

HUBBARD COMMUNICATIONS OFFICE
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**DRUGS,
ASPIRIN AND TRANQUILIZERS**

I have just made a real breakthrough on the action of pain killers (known as aspirin, tranquilizers, hypnotics, soporifics).

It has never been known in chemistry or medicine exactly how or why these things worked. Such compositions are derived by accidental discoveries that "such and so depresses pain".

The effects of existing compounds are not uniform in result and often have very bad side effects.

As the *reason* they worked was unknown very little advance has been made in bio-chemistry. If the reason they worked were known and accepted possibly chemists could develop some actual ones which had minimal side effects.

We will leave the fact that this could be the medical bio-chemical discovery of the century and let the Nobel prizes continue to go to the inventors of nose-drops and new ways to kill and simply ourselves use it. Bio-chemical tech is not up to the point at this time that it can utilize it.

Pain or discomfort of a psychosomatic nature comes from Mental Image Pictures. These are created by the thetan or living beings and impinge or press against the body.

By actual clinical test, the actions of aspirin and other pain depressants are to

- A. INHIBIT THE ABILITY OF THE THETAN TO CREATE MENTAL IMAGE PICTURES and also
- B. TO IMPEDE THE ELECTRICAL CONDUCTIVITY OF NERVE CHANNELS.

Both of these facts have a vital effect on processing.

If you process some one who has lately been on drugs, including aspirin, you will not be able to run out the Dianetic engram chains properly because they are not being fully created.

If you process some one immediately after taking aspirin for instance, you probably will not be able to find or assess the somatics that need to be run out to handle the condition. For the next day after taking the aspirin or drug the mental image pictures may not be fully available.

In the case of chronic drug taking the drugs must be wholly worn off and out of the system and the engrams of drug taking must be run out in their entirety, triple flow. If this is not done, auditing will be trying to handle chains that aren't being fully created by the thetan.

In the case of auditing some one who has taken drugs—*aspirin, etc.*—within the last few hours or two or three days the chains of engrams definitely will be found not

fully created and therefore not available.

This would all be fine except for three things:

1. Auditing under these conditions is very difficult. The TA may be high and will not come down. One gets “erasures” at TA 4.0 with an “F/N”. Auditing errors become easy to make. The bank (chains) is jammed.
2. The thetan is rendered STUPID, blank, forgetful, delusive, irresponsible. A thetan gets into a “wooden” sort of state, unfeeling, insensitive, unable and definitely not trustworthy, a menace to his fellows actually.
3. When the drugs wear off or start to wear off the ability to create starts to return and TURNS ON SOMATICS MUCH HARDER. One of the answers a person has for this is MORE drugs. To say nothing of heroin, there are, you know, aspirin addicts. The compulsion stems from a desire to get rid of the somatics and unwanted sensations again. There is also something of dramatization of the engrams already gotten from earlier drug taking. The being gets more and more wooden, requiring more and more quantity and more frequent use.

Sexually it is common for someone on drugs to be very stimulated at first. This is the “procreate before death” impulse as drugs are a poison. But after the original sexual “kicks” the stimulation of sexual sensation becomes harder and harder to achieve. The effort to achieve it becomes obsessive while it itself is less and less satisfying.

The cycle of drug restimulation of pictures (or creation in general) can be at first to increase creation and then eventually to inhibit it totally.

If one were working on this bio-chemically the least harmful pain depressant would be one that inhibited the creation of mental image pictures with minimal resulting “woodenness” or stupidity and which was body soluble so that it passed rapidly out of the nerves and system. There are no such bio-chemical preparations at this time.

These tests and experiments tend to prove that the majority of pain and discomfort does come from mental image pictures and that these are immediately created.

Erasure of a mental image picture by Standard Dianetic processing removes the compulsion to create it.

Drugs chemically inhibit the creation but inhibit as well the erasure. When the drug has worn off the picture audited while it was in force can return.

The E-Meter Tone Arm under drugs or on a drug case can go very high—TA 4.0 TA 5.0. It can also be dropped to “dead thetan” (a false clear read).

Auditing a person on drugs can obtain an “erasure” and “F/N” at TA 4.0. But the erasure is only apparent and must be “rehabbed” (verified or redone) when the person is off drugs.

Any habitual drug taker, applying for auditing while still on drugs should be given a six weeks “drying out” period off drugs this whole time and then the drug taking (by somatic or sensation of drugs or prior assessment to drugs—preferably both) must be run out as an early auditing action.

A person who has taken aspirin or other drugs within the past 24 hours or the past week, should be given a week to “dry-out” before auditing of any kind is given.

It is not fatal to audit over drugs. It is just difficult, the results may not be lasting and need to be verified afterwards.

Chronic drug takers who have not had drugs specifically handled may go back to drugs after auditing as they were too drugged during auditing to get rid of what was bothering them and which drove them to drugs.

With the enemies of various countries using wide spread drug addiction as a defeatist mechanism, with pain killers so easily available and so ineffective, drugs is a serious auditing problem.

It can be handled. But when aspirin, that innocent seeming pain killer, can produce havoc in auditing if not detected, the subject needs care and knowledge.

The above data will keep the auditor clear of the pitfalls of this hazard.

To paraphrase an old quote we used to have iron men and wooden ships. We now have a drug society and wooden citizens.

I've been studying this for over a year and a half and have made the break through.

Drug companies would be advised to do better research.

And auditors are advised to ask any pc, "Have you been taking any drugs or aspirin?"

The medical aspect is an understandable wish to handle pain. Doctors should press for better drugs to do this that do not have such lamentable side effects. The formula of least harmfulness is above.

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