

By drugs (to mention a few) are meant -- tranquilizers, opium, cocaine, marijuana, peyote, amphetamine and the psychiatrist's gifts to Man, LSD and Angel Dust, which are the worst. Any medical drugs are included. Drugs are drugs. There are thousands of trade names and slang terms for these drugs.

ALCOHOL is included as a drug and receives the same treatment in auditing.

By alcohol (to mention a few) is meant whiskey, beer, wine, vodka, rum, gin, etc. -- in other words, any fermented or distilled liquor or drink of any kind or fumes of such with some percentage of alcohol content.

Drugs are supposed to do wonderful things but all they really do is ruin the person.

Even someone off drugs for years still has "blank periods". The abilities to concentrate or to balance are injured.

The moral part of it has nothing to do with auditing. The facts are that:

- (a) People who have been on drugs can be a liability until the condition is handled in auditing.
- (b) A former drug user is a resistive case that does not make stable gains until the condition is handled.
- (c) Auditing is the only successful means ever developed for handling drug damage.

DRUG ENGRAMS

People who have been on drugs are sometimes afraid of running engrams.

In fact, it is almost a way to detect a "druggie".

The drugs, particularly LSD and even sometimes antibiotics or other medicines to which the person has an allergy, can turn on whole track pictures violently.

These tend to overwhelm the person and make him feel crazy. Some of these people are afraid to confront the bank again.

If a person "doesn't like Dianetics" and doesn't want to be run on engrams, it is necessary to put him through the Hard TRs Course and Objectives. If Dianetics has been run but poorly, it should of course be repaired fully with an L3RF (list used to correct Dianetic errors). But if the person still flinches, the Hard TRs Course and Objectives successfully completed will handle.

THOSE ON DRUGS

Objective processes are numerous. It may be necessary to run these on a person still on drugs and even put the

person through a Hard TRs Course to get the person off drugs. Doing this usually avoids the painful "withdrawal symptoms", particularly present in coming off heroin or psychiatric "treatment" drugs. (Note, some persons have been put on some therapeutic drug by an M.D. - such as insulin and possibly should remain on it until well advanced into auditing. But these are not the usual drug. It is up to the pc, the auditor and the doctor what should be done in such cases. Tranquilizers are not acceptable, however.)

DONE FIRST

Drugs are done first.

Why? Because Drugs make a resistive case! Other Dianetic actions and Scientology as well will get loses if drugs are not handled first.

Any current Dianetic case failures are from flubby Dianetic auditing or the person has been on Drugs or alcohol which were not handled by Dianetics.

It hasn't harmed anyone to omit drug handling. But it made it hard or impossible to get stable case gain.

THUS ANY DIANETIC PC WHO HAS HAD DRUG HANDLING OMITTED MUST BE RUN ON DRUGS AS SOON AS POSSIBLE BEFORE MORE AUDITING IS GIVEN.

I repeat, drugs or alcohol in most instances make a resistive case so the point must be handled before the case will attain and hold case gain.

ANY PC WHO IS NOT MAKING IT IN AUDITING SHOULD BE CHECKED FOR A DRUG OR ALCOHOL HISTORY.

DISCOVERY

In investigating a series of cases who were not making it, I found in each one that the person had been on drugs or alcohol and that drugs or the alcohol had not been run out.

Drug data was not covered fully enough in the Dianetics pack. Only Prior Assessment to Drugs was given.

Thus I have found several Dianetic pcs were only run on the Prior Assessment to Drugs. This is not good enough as it is only a partial handling.

FULL DRUG RUNDOWN

Here is the full New Era Dianetics Drug Rundown.

0. The Original Assessment Sheet. Ask the pc each question on the Original Assessment Sheet. Mark all reads. Make sure you get specific and complete answers to your questions.

NOTE: On Item E, do not ask the pc for whole track drugs. You want only drugs, medicine or alcohol he has taken this lifetime.

1. Objective ARC. (Ref: HCOB 19 Jun 78 New Era Dianetics Series 3, OBJECTIVE ARC)
2. Sweat Out Program if LSD or Angel Dust has been taken. This step can be done concurrently with other drug handling.

(Ref: HCOB 30 Apr 78 SWEAT PROGRAM FURTHER DATA
HCOB 6 Feb 78R LSD AND THE SWEAT PROGRAM
HCOB 6 Feb 78R-1 LSD AND THE SWEAT PROGRAM
ADDITION)

3. A battery of Objective Processes. This includes CCHs 1-10, SCS on an Object and SCS.

(SOP 8C and Op Pro by Dup are included in later steps of the Drug Rundown.)

4. Hard TRs Course for ex-drug users or alcoholics. A Hard TRs Course consists of TRs 0-9.

(Ref: HCOB 16 Aug 71R TRAINING DRILLS REMODERNIZED
HCOB 7 May 68 UPPER INDOC TRs
BPL 18 Sep 78 NEW ERA DIANETICS HARD TRs
COURSE)

5. Full Dianetic CS-1 to educate the pc so he fully understands Dianetic procedure and is able and willing to be audited successfully.

(Ref: HCOB 9 Jul 78 DIANETIC CS-1)

6. Narrative Handling on Drugs - First

All drugs, medicine and alcohol which the pc has taken in this lifetime have been listed on the Original Assessment Sheet.

At this point, choose the best reading drug, alcohol or medicine from the Original Assessment Sheet and run it out R3RA Quad Narrative. (For example: "Return to the time you took whiskey and tell me when you are there.")

YOU DO NOT CHECK INTEREST ON DRUG ITEMS.

RUN OUT EACH READING DRUG, ALCOHOL OR MEDICINE ON THE DRUG LIST (IN ORDER OF READ) BY R3RA QUAD NARRATIVE FIRST. Otherwise, you can end up spinning the pc way down the track.

In running Narrative on this lifetime drug, medicine or alcohol individual items you will find that it is easier to do if you run earlier beginning and earlier incident rather than attempt to limit him to the first this lifetime incident he comes up with, as there will usually be more than one incident when he took whiskey, for example. So you always ask earlier beginning but if it is necessary you ask earlier incident with the question, "Is there an earlier incident when you took whiskey?"

Pcs commonly tend to wind up way back down the whole track at this stage of their auditing and that is not what you're aiming for here either. What you're interested in is this lifetime, this body. But this doesn't mean you don't run track on the Drug Rundown; just don't push it. And never insist the pc run any type of chain when he says there's nothing there.

When all reading drugs, medicines, alcohols on the list have been run to EP by R3RA Narrative Quad, go on to the next step.

7. Preassessment on Each Reading Drug, Medicine or Alcohol Taken in This Lifetime

- A) Choose the best reading drug, alcohol or medicine from the Original Assessment Sheet and do a Pre-assessment on it.

"Are (Preassessment Item) connected with taking (the drug, medicine or alcohol)?"

is the Preassessment question.

- B) Take the best reading Preassessment Item off the Preassessment and ask the pc:

"What (best reading Preassessment Item) are connected with taking (the drug, medicine or alcohol)?"

This is the running item list question for that particular drug. You write this question at the top of the page and write down exactly what the pc said, noting any read that occurred when he said it.

- C) Take up the best reading running item (make sure you noted reads as the pc gave you the items) and run it R3RA Quad.

DO NOT CHECK INTEREST ON DRUG ITEMS.

- D) Handle all reading running items found in Step B in order of read with R3RA Quad.

- E) Using that same original drug item repeat Step A.

- F) Repeat Steps B to E.

- Fa) Using the first original item continue Steps A, B, C, D, E until the Preassessment List simply F/Ns.

- Fb) Take the next individual drug, medicine or alcohol item that read on the original list and repeat Steps A to Fa on it until you have handled every item that read on the Original Assessment Sheet.

- G. When there are no more items unhandled on the original list that read and no further items reading, but there are some unrun original items on the list, null with Suppress and Invalidate buttons.

- H) Run any now reading items with Steps A to Fb.
- I) Use up the whole list of drugs in this way, doing the Preassessment and Steps B to H on all reading drugs. Reassess the drug list. Handle per above instructions any drug which now reads. This is done until the entire Drug List F/Ns when called. (Note: If, during the rundown the pc thinks of other drugs he has taken in this lifetime, add them to the original list with their reads noted, and handle them in turn according to size of read, ensuring you run them R3RA Quad Narrative first.)

8. The Prior Assessment

- A) Using the Drug List obtained on the Original Assessment, take up the largest reading drug, medicine or alcohol, ask the pc the following Preassessment question:

"Prior to taking (the best reading drug, medicine or alcohol), were there (Preassessment item)?"
- B) Take the best reading Preassessment Item and ask:

"What (Preassessment item) did you have prior to taking (the drug, medicine or alcohol)?"
- C) Use full Preassessment steps and run out all reading running items R3RA Quad.
- D) Reassess any remaining unrun items found in Step B to see if they now read. If they do, run them. Also check for any more items the pc has to add to the list, and mark down their reads as the pc gives them.
- E) Repeat above steps on any items that now read.
- F) When there are no more items to add and no more items reading, but there are some unrun items on the list, null with Suppress and Invalidate buttons.
- G) Run any now reading items R3RA Quad.
- H) Reassess the Preassessment List, using the drug, medicine or alcohol in Step A. Follow remaining steps until all reading items are taken to EP and there are no further reads on reassessment of the Preassessment List.
- I) Take up the next best reading drug, medicine or alcohol from Step A. Repeat Steps B to I.

The above Prior Assessment steps are done on each drug, medicine or alcohol that has read. They are handled in order of largest read.

9. More Objectives

The final step of the Drug Rundown, when all above steps are fully complete, is to run another set of Objectives on the pc.

These are:

A) SOP 8C

B) OP PRO BY DUP

run in that order, each to its complete EP.

This is done to bring the pc fully into present time,
and it will be a present time which he is now far
better able to confront.

This completes the Drug Rundown.

The Sweat Out Program, if not yet complete by this time,
is carried through to completion.

L. RON HUBBARD
FOUNDER

LRH:lfg:dr
Copyright (c) 1971, 1978
by L. Ron Hubbard
ALL RIGHTS RESERVED

This is Reproduced and issued to you by
The Publications Organization, U. S.