Remimeo
NED Checksheets
All *NED* Auditors
All C/Ses

(Revised to update and align this issue with the
modern Grade Chart and HCOB 12 Dec 81, THE THEORY
OF THE NEW GRADE CHART, including the addition of
vital data on the NED Drug Rundown and the Expanded
Grades. Revisions in script.)

IMPORTANT
URGENT

C/S Series 48R*E*

New Era Dianetics Series 9R*C*

DRUG HANDLING

(References:
HCOB 28 Aug 68 II	DRUGS
HCOB 29 Aug 68	DRUG DATA
HCOB 23 Sep 68	DRUGS & TRIPPERS
HCOB 19 May 69RB	DRUG AND ALCOHOL CASES
	PRIOR ASSESSING
HCOB 8 Sep 71R	*CASE SUPERVISOR ACTIONS*
Rev. 20.5.75	(Resistive Case 220D)
HCOB 2 Nov 57RA	AN OBJECTIVE RUNDOWN
Rev. 22.2.75	
HCOB 3 Jul 59	GENERAL INFORMATION
HCOB 11 Jun 57	TRAINING AND CCH PROCESSES
HCOB 19 Sep 78R I	THE END OF ENDLESS DRUG
Rev. 31.1.79	RUNDOWNS
HCOB 12 Nov 81RC	*GRADE CHART STREAMLINED*
Rev. 1.7.85	*FOR LOWER GRADES*)

A person who has been on *d*rugs is one of the "seven types
of resistive cases." (These types are found on the Scientology
Green Form No. 40.)

A person who has been on drugs, alcohol or medicines seldom
runs on any other type of engram, seldom goes backtrack well, and
is subject to somatic, emotional and perceptic shut-offs making
any other type of Dianetic running a vain activity.

Drugs since 1962 have been in very widespread use. Before
then they were rare. A worldwide spread of drugs occurred. A
large percentage of people became and are drug takers.

By drugs (to mention a few) are meant -- tranquilizers,
opium, cocaine, marijuana, peyote, amphetamine and the
psychiatrist's gifts to *m*an, LSD and *a*ngel *d*ust, 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 *Purification Rundown*, TRs *0-9*, Objectives *and the Scientology Drug Rundown or get these FESed and repaired if done earlier*. If Dianetics <u>has</u> been run but poorly, it should of course be repaired fully with an L3RH (list used to correct Dianetic errors). But if the person still flinches, the *Purification Rundown*, TRs *0-9*, Objectives *and the Scientology Drug Rundown* 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 TRs *0-9* 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 <u>first</u>.

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.

NED DRUG RUNDOWN AND EXPANDED GRADES

It may happen that a person with a heavy drug history will not be successful at running Expanded Grades before his drugs have been run out with NED.

If a person runs into trouble due to unhandled drugs while running Expanded ARC Straightwire and Expanded Grades 0-IV, despite having had the Purification RD, TRs 0-9, Objectives and the Scientology Drug RD, he should be switched to the NED Drug RD. In such cases one would handle the drugs with a NED Drug RD, then resume Expanded Grades and fully complete them to EP, and then go on to the rest of the NED program.

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 the 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 *NED* 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, NED Series 3, OBJECTIVE ARC) (Note: *This process is now part of the full battery of Objectives which follow the Purification Rundown,*

and is part of Expanded Grade I. The C/S should verify
whether or not it has been run on the pc to EP; if it has
not been, it is run at this point in the NED Drug Rundown.)

2.   *Purification Rundown*. The only cases that would not
require the Purification Rundown are those with no heavy
drug history and whose OCA scores are all in the upper half
of the graph. (Ref: HCOB 12 Nov 81RC, GRADE CHART
STREAMLINED FOR LOWER GRADES) (Note: This rundown is most
often done early in a pc's progress up the Grade Chart. The
C/S should verify whether or not the pc has done the rundown
to EP; if the pc has not, it is run at this point in the NED
Drug Rundown steps.)

     (Ref: HCOB 6 Feb 78RB   *Purification Rundown Series 1*
          Rev. 31.7.85   PURIFICATION RUNDOWN REPLACES
                           THE SWEAT PROGRAM
        HCOB 12 Nov 81RC   GRADE CHART STREAMLINED FOR
        Rev. 1.7.85   LOWER GRADES)

3.   A battery of Objective Processes. This includes CCHs
1-10, SCS on an Object and SCS. (Note: Many pcs will have
had a full battery of Objectives earlier in their auditing,
following the Purification Rundown or as part of Expanded
Grade I. The C/S should verify whether Objectives have
already been run to EP; if they have not been, they are run
at this point in the NED Drug Rundown.)

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

4.   TRs 0-9. (Note: Some pcs may have done TRs 0-9
earlier in their progress up the Grade Chart. The C/S
should verify whether or not the pc has done TRs 0-9; if the
pc has not, they are done at this point in the NED Drug
Rundown.)

     (Ref: HCOB 16 Aug 71R II TRAINING DRILLS REMODERNIZED
          Rev. 5.7.78
          HCOB 7 May 68   UPPER INDOC TRs)

5.   Full Dianetic C/S-1 to educate the pc so he fully under-
stands Dianetic procedure and is able and willing to be
audited successfully.

     (Ref: HCOB 9 Jul 78R, NED Series 21, DIANETIC C/S-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 *NED* 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 and alcohols on the list have been run to EP by R3RA Narrative Quad, go on to the next step.

7.   <u>Preassessment on each reading drug, medicine or alcohol taken in this lifetime</u>.

   A)   Choose the best reading drug, alcohol or medicine from the Original Assessment Sheet and do a <u>preassessment</u> on it.

        "Are (<u>preassessment *i*tem</u>) connected with taking (<u>the drug, medicine or alcohol</u>)?"

        is the *p*reassessment question.

   B)   Take the best reading *p*reassessment *i*tem off the *p*reassessment and ask the pc:

        "What (<u>best reading *p*reassessment *i*tem</u>) are connected with taking (<u>the drug, medicine or alcohol</u>)?"

        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 *p*reassessment *l*ist 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 <u>now</u> 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 <u>first</u>.)

8.   <u>The Prior Assessment</u>.

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

"Prior to taking (<u>the best reading drug, medicine or alcohol</u>), were there (<u>preassessment item</u>)?"

B)   Take the best reading preassessment item and ask:

"What (<u>preassessment item</u>) did you have prior to taking (<u>the drug, medicine or alcohol</u>)?"

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.   <u>More Objectives</u>. The final step of the NED 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.

If the pc has already had these processes run to EP earlier, he is run on the process Spotting Objects. This process is run in a place with ample space and objects, using the command "Spot an object." The EP of the process

is F/N, cog and VGIs. (Ref: *Operational Bulletin No. 4,
11 Nov 55, SIX LEVELS OF PROCESSING -- ISSUE 5*)

This *Objective Processing* 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.

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This completes the *New Era Dianetics* Drug Rundown.

                              L. RON HUBBARD
                              Founder

                              Revision assisted by
                              LRH Technical Research
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