

HUBBARD COMMUNICATIONS OFFICE
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All Auditors
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“HEAVY DRUG HISTORY” DEFINED

Refs:

HCOB	28 Aug. 68 II	DRUGS
HCOB	29 Aug. 68	DRUG DATA
HCOB	8 Jan. 69	DRUGS AND “INSANITY”
		NONCOMPLIANCE AND ALTER-IS
HCOB	25 Oct. 71	DRUG DRYING OUT
HCOB	17 Oct. 69RB Rev. 8.4.88	DRUGS, ASPIRIN AND TRANQUILIZERS
HCOB	31 May 77	LSD YEARS AFTER THEY HAVE “COME OFF OF” LSD
HCOB	23 Sept. 68	DRUGS AND TRIPPERS
HCOB	12 Nov. 81RD Rev. 20.4.90	GRADE CHART STREAMLINED FOR LOWER GRADES
HCOB	25 Nov. 71 II	RESISTIVE CASES FORMER THERAPY
HCOB	15 July 71RD III Rev. 8.4.88	C/S Series 48RE NED Series 9RC DRUG HANDLING
HCOB	6 Feb. 78RD Rev. 27.3.90	Purif RD Series 1R THE PURIFICATION RUNDOWN REPLACES THE SWEAT PROGRAM

People who have been on drugs do not make case gain until the drugs are handled. We have known that since 1968.

Therefore, it's a mistake to try to do mental or spiritual handling on somebody who has been heavily on drugs.

The operating rule is mental actions and even biophysical actions do not work in the presence of drugs.

Drugs are the big stopper. Drug residues absolutely stop any mental help. They also stop a person's life!

But what is meant by a “heavy drug history”?

A “heavy drug history” can mean either of two things—that a person has a history of having taken *heavy drugs*, or that the person's drug *history is “heavy.”*?

By *heavy drugs* is meant: LSD, angel dust and other heavy street or medical drugs. It is a matter of the TYPE of drug consumed.

By heavy history of taking drugs is meant: someone who has taken drugs in sufficient volume to have brought about a biochemical situation physically. It is a matter of the FREQUENCY and VOLUME of drug consumption.

The definition of a heavy drug history encompasses both the type of drug used and the frequency and volume of consumption. Someone with a heavy drug history is:

A. A PERSON WHO HAS A HISTORY OF TAKING HEAVY DRUGS

and/or

**B. A PERSON WHO HAS TAKEN DRUGS IN SUFFICIENT VOLUME
TO HAVE BROUGHT ABOUT A BIOCHEMICAL SITUATION
PHYSICALLY.**

HEAVY DRUGS

Heavy drugs, to mention a few, are: LSD, angel dust, tranquilizers, opium, cocaine, marijuana, peyote, amphetamines, etc. There are thousands of trade names and slang terms for these drugs.

One of these drugs, marijuana, while pushed as "mild," does stay in the system and the end result, apparently, is brain atrophy. The first drug case I ran into was a marijuana case. The case did not move until we started directly handling drugs.

And don't get the idea that medical and street drugs are two different things as they aren't really. They both require the same treatment: the Purification Rundown. Some medical drugs can be quite destructive. Medical doctors *make* heavy drug cases by pouring people full of morphine and other heavy drugs. In fact, the first drug addicts society had in any quantity were medical doctors (and nurses) because they had access to drugs.

Psychiatrists take people and put them on drugs and so fix them so they will never make any case gain. The psychiatrists' "cure" is to make the person incurable. Psychiatrists and psychologists have even been pushing drugs into the school system with kids shoved into drugs all the way down to kindergarten level.

Medical and psychiatric drugs are every bit as dynamite to case gain as street drugs.

It is vital that a C/S keeps himself up-to-date, as new drugs that are developed might be even heavier and more destructive than those listed above. (Ref: HCOB 17 Sept. 68, ETHNICS)

HEAVY HISTORY OF TAKING DRUGS

Research done into the field of drugs as far back as 1950 found that the key factor in relation to the effects of drugs and chemical compounds was QUANTITY of consumption. Pharmacopoeias just classify something as a stimulant. They say, "Opium is a soporific and heroin is a stimulant." But, for example, if you give somebody a tiny amount of opium, he becomes stimulated. If you give him a little more, he goes to sleep. If you give him a little more, he kicks the bucket.

That is true of each and every chemical compound which has a decided effect upon the body. Each compound falls into three classes based on volume of consumption: stimulant, depressant and poison.

A NOTE ON ALCOHOL

Alcohol is not a mind altering drug but it is a biochemical altering drug. Alcohol doesn't do anything to the mind, it does something to the nerves. By quickly and rapidly soaking up all the B1 in the body, it makes the nerves incapable of functioning properly.

Therefore, a person can't coordinate his body. Alcohol in small quantities is a stimulant and in large quantities is a depressant.

The definition of an alcoholic is he can't have just *one* drink. If he has one drink, he has to have another. He's addicted. One of the factors is, he has to have a full glass in front of him. If it gets empty, it has to be refilled.

Alcoholics are in a state of total unrelenting hostility toward everything around them. They will do people in without even mentioning it.

Alcohol is a drug, and as such a person's history of alcohol consumption (quantity and frequency) would have to be reviewed against the definitions covered above when determining a heavy drug history case.

PRENATAL DRUG CASES

Children of mothers who were drug addicts while pregnant can be born as drug addicts. Children of mothers who took drugs while pregnant are prenatal drug cases. This possibility should not be overlooked by a C/S who runs into a case that appears to have no heavy drug history but who manifests the symptoms of someone who has taken drugs as covered in the HCOBs listed in the reference section of this issue.

SUMMARY

The definition of a "heavy drug history" as described above can mean either a history of having taken *heavy drugs* or that the person's drug history is *heavy*.

This data is important for C/Ses, auditors and any other persons who handle drug cases.

L. RON HUBBARD
Founder

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