GAME OVER
LSD: GAME OVER

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LSD: GAME OVER

Facilitator's Guide
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INTRODUCTION
LSD - lysergic acid diethylamide - is the most powerful of the hallucinogens, mind-altering substances which distort the way our senses work.

First synthesized in 1938, LSD became a popular recreational drug with the rise of the hippie movement in the 1960s. Timothy Leary, a Harvard University researcher, was a major proponent of LSD as a mind-expansion tool. He coined the phrase “turn on, tune in, drop out.” LSD use was soon a significant social phenomenon, one of the most popular recreational drugs in the country.

Since the 1960s, LSD use has ebbed and flowed in its popularity. In the mid-1990s, it once again grew in popularity and is now one of the five most-used recreational drugs in the United States.

An LSD “trip” usually lasts 8-12 hours, though in some cases, it can last several days. Tripping enhances a user’s sense of reality, amplifying the user’s perceptions and emotions. While this sometimes leads to elation, it just as often leads to terrifying feelings of fear, paranoia, or insecurity. People who are tripping may also experience visual or auditory hallucinations. People with underlying depressive, anxiety, or bipolar disorders can have serious episodes triggered by the use of LSD.

With frequent use, LSD users develop a tolerance for the drug and require increasing dosages to achieve the same high. Even though LSD is not physically addictive, frequent LSD use can become habitual, with the user feeling that he or she must have the drug to function normally. This habitual use may lead to a psychological dependence.
Through extensive interviews, expert medical testimony, and archival footage, LSD: GAME OVER explores the experiences of former users as a means of examining the reasons for LSD use and the risks in the use and abuse of this drug. The program’s candid exploration of LSD provides young viewers with timely and accurate information to foster informed choices and decision-making.

This program is intended for use by educators, counselors, mental health professionals, and social workers.

Some of the facilities in which this program would be effective include:

- school health classes
- school-based programs for at-risk youth
- community groups
- peer counseling groups
- twelve-step programs and other groups dealing with substance abuse and addiction
- church and temple education programs
- after-school programs for at-risk youth
- hospitals and treatment facilities
- juvenile correctional facilities
- group homes

**SUMMARY OF THE VIDEO**

LSD: GAME OVER uses the testimony of LSD users and the information of experts in the substance abuse field to demonstrate the dangerous consequences of LSD use.

The program is divided into 16 sections:

- Voices of Experience introduces us to the people whose LSD experiences form the core of this video.
- What is LSD? explains the history of LSD and some of its effects.
Rob’s Story tells of one man’s LSD-induced mental breakdown 30 years ago.

Owen’s Story tells a contemporary story of an LSD-induced mental breakdown.

LSD and the Brain explains how LSD works in the brain, how it achieves its effects, and some of its inherent dangers.

What a Trip, Man! interviews users about their initial, more positive experiences with LSD that led them to continue down the road to abuse.

Tripping Out explores the dramatic mood swings and emotional upset common to LSD use.

Bad Trips shows the harrowing world of bad trips, including the emotional havoc that may be experienced.

When A Friend Is Having a Bad Trip shows how terrifying a bad trip can be for those around someone who is having one.

Acid and Mental Illness explores the connection between LSD and mental illness, including the phenomenon of LSD as a trigger for underlying mental disease.

Fenton’s Story tells the frightening tale of a troubled teen whose LSD-induced paranoia led to a violent attack and imprisonment.

Coming Down and Flashbacks explore the painful experience of stopping LSD use and the recurrent feelings of “tripping” that can occur days or weeks after using the drug.

Dependence explains psychological dependence, including how it develops and its effects on the mind and body.

Tolerance explains the process by which the body gets used to
the drug so increasing amounts are needed to achieve the same effect.

Jeremy's Story tells the tragic story of a troubled and depressed kid whose LSD use permanently damaged his mind and well-being.

Counting the Costs relates the consequences of LSD abuse through the eyes of those who have used and lost.

The Reality: What a Concept section allows Shalene and Owen to tell why being sober is better than being on LSD and how reality is a more comfortable and rewarding place to live.

FACILITATOR PREPARATION
It is strongly suggested that you view the video and study the accompanying material before presenting it to your group. Please preview the video carefully and be prepared to offer appropriate warnings before presentation. You may also want to familiarize yourself with local and national resources involved in the treatment of substance abuse and the dissemination of information regarding LSD and other drugs.

INSTRUCTIONAL NOTES
Before presenting this lesson to your students/audience, we suggest that you preview the video and review this guide and the accompanying Blackline Master Activities in order to familiarize yourself with their content.

As you review the materials presented in this guide, you may find it necessary to make some changes, additions or deletions to meet the specific needs of your group. We encourage you to do so, to maximize the instructional benefits of the program and accompanying guide.

It is also suggested that the video presentation take place before
the entire group under your supervision. The lesson activities and discussion topics grow out of the context of the video presentation; therefore the presentation should be a common experience for all group members.

Some members of the group may be struggling with substance abuse problems themselves or with those of a family member or friend. It’s important to be sensitive to these situations and to the possibility that these participants may experience difficulties processing the video. Be prepared to offer further assistance in this case if it is appropriate. Enlisting the help of a school or program counselor beforehand is a good idea. Also, if possible, become familiar with local resources, hotlines, and treatment options before presentation. A list of the national hotlines and resources is included in this guide (Blackline Master #5).

**AUDIENCE OBJECTIVES**

After viewing the video and participating in the follow-up activities, participants should be able to:

1) Describe the physical effects of LSD use.
2) Identify the psychological consequences of LSD use.
3) Identify strategies for assisting someone on a bad trip.
4) Identify some of the reasons people are attracted to using LSD.
5) Offer compelling reasons to avoid LSD use.
6) Identify national resources for assistance in procuring information and help in substance abuse matters.

**BEFORE VIEWING THE VIDEO**

A Pre-Test is included with this guide (Blackline Master #1). You may wish to administer this assessment prior to launching the program, as it will help you gauge participant comprehension before the lesson is presented. The questions listed are best used in a discussion setting. Encourage all participants to share their perceptions about LSD in order to identify points that may need correction or clarification.
Below are some suggested discussion topics and activities to engage the group before, then after, viewing the program:
• Do you know someone who is experimenting with LSD? What is his or her life like?
• Is there a type of person more likely to use LSD? What is your image of an LSD user?
• Is LSD addictive? What do you think it is like for an individual who is using LSD regularly?
• What are some reasons that you think people might start using LSD? What might have prevented them from using it?
• Before viewing, have the students create a word picture of an LSD trip. After viewing, discuss whether the images held true.

VIEW THE VIDEO
The video is 28 minutes long. You may stop it after any of the sections for discussion.

FOLLOW-UP ACTIVITIES
Discussion Questions
1) Each of the kids in the program describe feeling wonderful at times early in his or her use of LSD. Then each describes his or her growing sense of paranoia and terror as the darker side of life becomes amplified. Explore this transition. What causes it? What is happening in the brain to intensify these various emotions?
2) How is LSD manufactured? In what forms is it sold and taken?
3) What is serotonin? How does LSD affect serotonin receptors in the brain?
4) Describe the process of becoming psychologically dependent on LSD. How is this process different from the physical addiction of drugs like methamphetamine or cocaine?
5) Discuss the effects of LSD on the user’s relationships to family, friends, and loved ones. Do program participants have first-hand experience with people who have used or abused LSD? Have they been pleasant or unpleasant? Why?
6) Discuss the differences in the reasons Owen began using
LSD and the reasons Jeremy began using LSD. Did they end up in similar situations? What is self-medication?
7) What caused the people in the program to stop using LSD? How did they stop? What do they do in their lives now instead?
8) What are some ways to resist peer pressure?
9) Compare Rob’s experience with LSD 30 years ago to Owen’s experience today. In what ways is it different? The same? How did the social and political climates of the 1960s contribute to Rob’s generation’s feeling about LSD? How have those climates changed since then?
10) Research bipolar disorder and depression. How is it affected by LSD use? How did depression and LSD mix in Jeremy?

Blackline Masters
1. **Blackline Master #1: Pretest.** You may wish to administer this assessment prior to launching the program, as it will help you gauge participant comprehension before the lesson is presented. The questions listed are best used in a discussion setting. Encourage all participants to share their perceptions about LSD in order to identify points that may need correction or clarification.

2. **Blackline Master #2: How LSD Affects the Mind** describes some of the psychological effects and dangers of LSD.

3. **Blackline Master #3: LSD Glossary** is for participant reference.

4. **Blackline Master #4: Helping A Person On A Bad Trip** gives instructions for helping someone who is experiencing a bad LSD trip.

5. **Blackline Master #5: National Helplines and Resources** are for participant and facilitator reference.

6. **Blackline Master #6: Internet Resources** is for participant and facilitator reference.

Extended Learning Activities
The following activities are an extension of the core objectives of the lesson. They may be assigned to more advanced students, or as group activities.
1. Research the history of LSD, including its rise as a social phenomenon in the 1960s. How has the media played a role in the history of LSD?

2. What are some of the current theories about how LSD affects the brain? How do scientists research this?

3. Research the use of LSD use in your community or an adjacent one. Include statistics on health, emergency room admissions, deaths, and crime. Has LSD abuse increased or decreased in the last five years?

4. Invite a speaker from your community (from a local drug and alcohol program or twelve-step program) to speak to your group about LSD.

5. Create an art piece (a poem, story, painting, collage, song, etc.) about the dangers of LSD.

6. Prepare a list of local resources, referral procedures, and hotlines.

7. Research treatment models for LSD abuse by contacting national and local drug addiction information resources. Which ones have been the most successful? What are the pros and cons of each? Do other countries have a different approach to treatment?

8. Imagine that a close friend or relative recently became involved with LSD and write him or her a letter explaining the risks, your concerns, and your own recommendations.

9. Write a story about a young LSD user describing his/her reasons for first using, the escalation of his/her use, and if and how s/he finally stops.
LSD: GAME OVER
Script of Narration

NARRATOR (NAR): PEACE
NAR: LOVE
NAR: FLOWER POWER

CAMERON: IT'S LIKE BEING STUCK IN LIKE A REALLY SMALL BOX. LIKE YOU'RE PUT IN A BOX AND YOU KNOW YOU'RE GOING TO BE THERE FOR EIGHT HOURS BUT LIKE YOU HAVE TO BE THERE.
NARRATOR: MAKE LOVE, NOT WAR.

FENTON: IT SEEMED LIKE WHEN I GOT HIGH, I GOT VIOLENT. I WANTED TO KILL PEOPLE.

VOICE OVER: WHAT A TRIP MAN. I WAS TRIPPING OUT.

B/W MAN: THE DEALER KNOWS THAT WHAT HE PUTS ON THE MARKET IS GOOD FOR PEOPLE.

SHALENE: I WOULD GET PARANOID. I WOULD FEEL LIKE SOMETHING BAD IS GOING TO HAPPEN.

OWEN: I WANTED IT ALL TO END. I WANTED IT TO STOP. I DIDN'T CARE HOW.

JEREMY: I JUST STARTED TALKING TO MYSELF. AND I JUST THOUGHT TOO HARD. I THOUGHT TOO HARD. AND I JUST GOT ALL THESE CRAZY IDEAS. I SAW THESE RED AND BLACK X'S AND IT SAID "GAME OVER." I THOUGHT I WAS DEAD OR SOMETHING CAUSE IT SAID "GAME OVER".

NAR: WHAT YOU'VE JUST SEEN ARE JUST A FEW OF THE MANY FACES OF LSD LYSERGIC ACID DIETHYLAMIDE, COMMONLY KNOWN AS ACID.

NAR: LSD IS THE MOST POWERFUL OF THE HALLUCINOGENIC DRUGS.

NAR: MIND-ALTERING SUBSTANCES WHICH DISTORT THE WAY THE FIVE SENSES WORK.

NAR: AND CAUSE HALLUCINATIONS, STRANGE EXPERIENCES WHICH SEEM REAL, BUT AREN'T.
NAR: THE WORD HALLUCINATE COMES FROM A LATIN TERM MEANING “TO WANDER IN THE MIND.”

NAR: WHICH IS WHY, WHEN YOU TAKE ACID, IT’S USUALLY CALLED “TRIPPING.”

NAR: SOMETIMES PEOPLE HAVE GOOD TRIPS. SOMETIMES PEOPLE HAVE BAD TRIPS. AND SOMETIMES IT CAN START OFF GOOD AND THEN TURN BAD.

NAR: THE PROBLEM WITH LSD IS YOU NEVER KNOW WHICH IT’S GOING TO BE.

NAR: THE PEOPLE YOU’LL MEET IN THIS PROGRAM HAVE LEARNED THAT LESSON THE HARD WAY.

SHALENE: WHEN I VERY FIRST STARTED TRIPPING, MY VERY FIRST COUPLE TRIPS, YOU KNOW, I THOUGHT THAT I WOULD NEVER HAVE A BAD TRIP. THAT ANY TIME I STARTED HAVING A BAD TRIP, THAT I COULD TALK MYSELF OUT OF IT. AND THAT I WANTED TO TRIP FOREVER AND A COUPLE MONTHS LATER AS I STARTED TRIPPING MORE AND MORE IT WAS BECOMING THE OPPOSITE. I WAS GETTING REALLY SCARED AND I SAW SIDES OF PEOPLE THAT I DIDN’T WANT TO SEE AND I SAW, LIKE WHEN I WOULD WATCH TV I WOULD SEE CRAZY STUFF AND IT WAS LIKE REALLY UGLY.

FENTON: AT FIRST WEED DIDN’T GET ME VIOLENT. IT JUST MELLOWED ME OUT. THEN I STARTED GETTING MORE AND MORE VIOLENT. THEN WHEN I STARTED TAKING ACID AND SHROOMS AND STUFF THEN I STARTED REALLY GETTING VIOLENT. I DON’T KNOW WHAT IT DID. I THINK IT MIGHT HAVE MESSED ME UP OR SOMETHING. BUT I STARTED GETTING KIND OF VIOLENT WHEN I STARTED TAKING HALLUCINOGENS.

OWEN: MY CONNECTION TO REALITY DISAPPEARED AFTER A POINT, BECAUSE I DIDN’T KNOW WHEN IT WAS GOING TO END. AND ONE OF MY TRIPS LASTED, I TOOK TWO HITS, AND IT LASTED THREE/FOUR DAYS. I MEAN, THE LSD WAS OUT OF MY SYSTEM BUT MY BRAIN WAS STILL FRIED AND I STILL FELT LIKE I WAS TRIPPING. AND SO IT WASN’T A MATTER OF THE DRUG GETTING OUT OF MY SYSTEM, IT WAS A MATTER OF ME COMING BACK TO THE WORLD.

JEREMY: I RAN OUT OF THAT HOUSE, I RAN OUT OF MY FRIEND’S HOUSE, ABOUT TWO O’CLOCK IN THE MORNING AND LIKE SAT IN A DITCH, IN THE SNOW FOR A COUPLE OF HOURS AND I JUST CRIED. WHEN I CAME IN MY GUMS WERE FALLING APART, MY HANDS AND FLESH WERE ALL DISCOLORED AND LIKE, PINK AND I JUST CRAZY MOLDY-ISH AND STUFF. I JUST LOOKED LIKE COMPLETE (BLEEP), AND I THOUGHT I WAS DEAD.

NAR: SO WHAT IS THIS DRUG THAT CAUSES SO MANY EXTREME REACTIONS?
AND WHERE DID IT COME FROM?

NAR: LSD is a chemical form of hallucinogen first discovered by scientists in 1938. Other hallucinogens that come from plants include peyote and psilocybin mushrooms, or “shrooms.” In the 1960s, Timothy Leary, a Harvard researcher, began using LSD to explore ways of changing perception and expanding the mind. He came up with the phrase “turn on, tune in, drop out,” and the hippie movement took off. Many of that generation saw LSD as a spiritual experience and thought it could bring them closer to understanding the meaning of life and the way the mind works.

MAN: I WAS JUST LOOKING FOR SOMETHING.

WOMAN: SORT OF BECAUSE I HEARD IT MAKES YOU NOT ONLY CLOSER WITH YOURSELF BUT WITH EVERYBODY, THIS SORT OF LOVE, PEACE-TYPE THING.

MAN: SOME HAVE USED THESE DRUGS TO JOURNEY INTO THE UNCHARTERED TUNNELS OF THE MIND, IN SEARCH OF MEDICAL AND SCIENTIFIC TRUTH.

NAR: BUT AS MORE PEOPLE EXPERIMENTED WITH LSD IT SOON BECAME OBVIOUS THAT THIS CHEMICAL HAD AN UNPREDICTABLE AND DANGEROUS SIDE TO IT AND FOR MANY THE JOURNEY TURNED INTO A NIGHTMARE.

NAR: ROB MOLLOY STARTED DOING ACID THE SUMMER AFTER HIS FRESHMAN YEAR OF HIGH SCHOOL.

ROB: I WOULD BE LAYING ON THE GROUND AND I COULDN’T FEEL MY BODY, EXCEPT FOR MY HEAD AND THEN SUDDENLY IT FELT LIKE IT WAS CLOSED IN A LITTLE BOX. AND THEN SUDDENLY EVERYTHING WOULD GO TO KIND OF A HIGH HISSING PITCH AND THEN - POP! AND AS SOON AS IT POPPED, IT WAS LIKE I WAS TOTALLY OUT OF AND AWAY FROM BY BODY. I THINK THAT’S PART OF WHAT DRAW ME TO CONTINUE TO DO ACID, TO CONTINUE TO GET THE FEELING THAT I WAS CLOSE TO GOD. I THINK I WAS ADDICTED TO THAT FEELING.

ROB: I THINK BY THE TIME THE NEXT SUMMER ROLLED AROUND, I WAS PROBABLY DOING IT THREE TIMES A WEEK MAYBE. AND AT THE TIME IT WAS BECOMING VERY STRONG. THE ACID WAS GETTING MUCH STRONGER SO I REALLY WASN’T “DOWN” VERY FREQUENTLY. YOU KNOW, OFTEN TIMES I WAS TRIPPING AND I WOULDN’T EVEN KNOW I WAS TRIPPING, YOU KNOW. I WAS TRYING TO INTEGRATE THAT PART OF MY PSYCHE WITH WHAT I THOUGHT WAS REALITY.

ROB: BECAUSE OF THE AMOUNT OF ACID I WAS DOING AND BECAUSE OF THE EMOTIONAL TRAUMA I WAS NOW GOING THROUGH, I SNAPPED TO
THE POINT WHERE MY FATHER CAME OUT TO ILLINOIS AND FLEW ME BACK HOME, AND WHEN I GOT HOME, I WAS GONE. YOU KNOW, I WAS PROBABLY DISASSOCIATED FROM MY BODY 80 PERCENT OF THE TIME, AND THE OTHER 20 PERCENT, IT WAS LIKE BEING IN HELL. WELL, THEY PUT ME IN THE HOSPITAL BECAUSE THEY REALIZED THERE WAS A SERIOUS PROBLEM GOING ON. AND I WAS IN FOR THREE DAYS, HAD SEVERAL EVALUATIONS. I EVEN HAD AN EEG DONE, AND THEY TELL ME THIS, I WOULDN'T REMEMBER THIS - I DO REMEMBER HAVING EEGS - BUT THEY SAID ONE OF THE EEGS THEY DID CAME BACK WITH A FLAT LINE - NO BRAIN WAVES.

NAR: IT TOOK A YEAR OF TREATMENT BEFORE ROB BEGAN HIS RETURN TO REALITY.

ROB: AND I LOOKED IN THE MIRROR AND I SAW WHAT I LOOKED LIKE AND I WENT, OH MY GOD! HOW CAN THIS BE?" BECAUSE THE MEDICATION HAD MOONED OUT MY FACE A LITTLE BIT AND, YOU KNOW, I WAS VERY SCRUFFY BECAUSE I DIDN'T TAKE CARE OF MYSELF AT ALL AND I LITERALLY LOOKED AT MYSELF IN THE MIRROR AND SAID, "YOU HAVE GOT TO COME BACK. THIS IS IT!"

NAR: TODAY, THIRTY YEARS LATER, TAKING LSD CAN BE JUST AS DANGEROUS AS IT WAS FOR ROB. OWEN THOUGHT HIS LAST BAD TRIP WOULD NEVER END.

OWEN: IT WAS NEW YEAR'S EVE AND I TOOK TWO HITS WITH A FRIEND OF MINE AND WE SMOKED A LOT OF POT AND THE COMBINATION THREW ME OFF AND IT WAS THE SCARIEST TRIP I EVER WENT ON. I COULDN'T FALL ASLEEP. I COULDN'T SLEEP. THAT'S WHAT I REALLY WANTED TO DO, I WANTED TO SLEEP BUT I STAYED AWAKE. THAT MIGHT HAVE BEEN PART OF IT. I STAYED AWAKE FOR ABOUT THREE DAYS BECAUSE OF IT. AND DURING THAT TIME, I NEVER CAME BACK TO REALITY. MY MIND WAS OUT SOMEWHERE ELSE. AND IT WAS ALL THESE REALLY WILD THOUGHTS, CRAZY THOUGHTS THAT WOULDN'T GO AWAY. I THOUGHT THEY REAL AND ESSENTIALLY I WANTED TO DIE, JUST TO MAKE IT STOP. TO MAKE THE PAIN I WAS FEELING GO AWAY. AND SO I DECIDED - I MEAN IT WAS KIND OF SILLY - BUT I DECIDED TO HOLD MY BREATH AND NOT BREATHE. AND I DECIDED TO HOLD MY BREATH AND NOT BREATHE. AND I ENDED UP NOT BREATHEING FOR ABOUT TWO MINUTES AND MY MOM CALLED THE POLICE, CALLED 9-1-1. THE PARAMEDICS BROUGHT A STRETCHER IN AND THEY PUT ME DOWN IN THE STRETCHER FACE DOWN AND TOOK ME AWAY TO BOULDER COMMUNITY HOSPITAL. AND THEY HAD ME ON AN I.V. AND I WAS IN COMPLETE RESTRAINTS, WRIST AND ANKLE RESTRAINTS AND I WAS STRAPPED DOWN AND I COULDN'T MOVE AND IT WAS VERY TERRIFYING. I TRIED TO ESCAPE, LIKE TRIED TO PULL MY LEGS AND ARMS OUT. I DIDN'T WANT TO BE THERE, YOU KNOW. IT WAS DEFINITELY A BAD SPACE TO BE IN, A BAD PLACE. AND EVENTUALLY I ENDED UP CHEWING THROUGH MY I.V. I
THOUGHT THE I.V. WAS ALL THE SIN THAT I’D COMMITTED IN MY LIFETIME BEING PUMPED INTO MY VEINS. AND I THOUGHT IT WASN’T PAINFUL ENOUGH SO I HAD TO DRINK IT. I NEVER REALLY FELT NORMAL AGAIN. I MEAN I STARTED BEING ABLE TO GET A HOLD ON REALITY AFTER ABOUT FOUR OR FIVE DAYS. BUT EVEN THEN EVERY COUPLE OF DAYS IT WOULD GO AGAIN, I WOULD JUST LOSE IT AND IT WOULD FREAK OUT AGAIN. IT WAS LIKE... IT’S WHAT I DESCRIBED AS A FLASHBACK, BUT MOST PEOPLE DESCRIBE FLASHBACKS AS LIKE SEEING THE VISUALS AGAIN BUT FOR ME IT WAS GOING BACK INTO THAT SAME HEAD SPACE.

NAR: WHY DOES LSD HAVE SUCH AN EXTREME EFFECT ON PEOPLE?

NAR: WHAT IS IT THAT’S GOING ON IN THE BRAIN WHEN YOU TAKE IT?

NAR: LSD ALTERS THE WAY OUR BRAIN PERCEIVES THE OUTSIDE WORLD BY DISRUPTING THE COMMUNICATION SYSTEM THAT TRANSMITS MESSAGES FROM NERVE CELL TO NERVE CELL IN THE BODY AND BRAIN. THE CHEMICAL MESSENGERS WHICH TRANSMIT INFORMATION FROM CELL TO CELL ARE CALLED “NEUROTTRANSMITTERS.” THE PLACES WHERE THEY ATTACH TO THE NERVE CELLS ARE CALLED “RECEPTORS.” LSD CAUSES ITS EFFECT MAINLY BY ACTIVATING ONE TYPE OF RECEPTOR FOR THE NEUROTTRANSMITTER, SEROTONIN. SEROTONIN IS IMPORTANT TO MANY NERVE CELLS, IN PARTICULAR, THOSE THAT RECEIVE INFORMATION FROM OUR SENSES.

DR KALOUSEK: HALLUCINOGENS LIKE LSD AND ALSO PSilocybin MUSHROOMS AND THINGS ALONG THAT LINE HIT THE SAME AREA OF THE BRAIN. IT’S IN THE MIDDLE FOREPARENT OF THE BRAIN WHERE A LOT OF SEROTONIN RECEPTOR SITES ARE. BASICALLY WE’RE NOT EXACTLY SURE WHY THESE CERTAIN SEROTONIN RECEPTOR SITES ARE INVOLVED WITH IT, BUT CLEARLY THEY HAVE SOMETHING TO DO WITH THE INTEGRATION OF SENSORY INFORMATION, IN PUTTING IT TOGETHER. YOU FEEL AS THOUGH YOU HAVE AN INPUT FROM THE OUTSIDE WORLD. YOU KNOW, WHAT I MEAN IT MIGHT BE SIGHT (IT USUALLY IS SIGHT) OR SOUND OR IT’S SMELL OR IT’S TOUCH, THESE THINGS THAT WE DO DAY IN, DAY OUT, AND BY WHICH WE UNDERSTAND THE OUTSIDE REAL WORLD SOMEHOW BECOME CONTAMINATED BY THESE CERTAIN CHEMICAL SUBSTANCES AND THE HALLUCINOGENS ARE THE PRIMARY EXAMPLE OF THIS. THEY HAVE A TENDENCY OF HEIGHTENING SOME OF THE SENSORY IMPRESSIONS OR CREATING SENSORY IMPRESSIONS WHERE THERE ARE NONE.

NAR: AT FIRST, THESE CHANGES IN PERCEPTION AND REALITY CAN BE WHAT ATTRACTS PEOPLE TO LSD.

OWEN: YEAH, I REALLY LIKED IT. I THOUGHT IT TOOK ME INTO A NEW SPACE THAT I WAS TOTALLY FREE AND I WAS A DIFFERENT PERSON AND MY MIND
WAS DOING ALL SORTS OF WILD THINGS AND THE WORLD SHIFTED; IT TURNED INTO A DIFFERENT PLACE.

JEREMY: SEE THE THING IS, WHEN YOU'RE TRIPPING YOU DON'T SEE THINGS THE SAME WAY OTHER PEOPLE SEE THEM. AND PEOPLE CAN BE TALKING TO YOU, I WOULD ACTUALLY HEAR DIFFERENT THINGS THAN WHAT THEY'RE SAYING. I COULD CHANGE THE STATION ON THE RADIO. JUST MY MIND, IT WAS CRAZY.

SHALENE: AT FIRST YOU KNOW WHEN YOU LOOK AT A WALL YOU CAN JUST SIT THERE AND STARE AT IT AND IT LOOKS SOOOO COOL BECAUSE IT'S ALL MOVING YOU KNOW. BUT THAT'S KIND OF THE TRICK ABOUT IT. IT SEEMS REALLY COOL AT FIRST BUT THEN IT GETS REALLY REALLY UGLY.

NAR: AS WELL AS AFFECTING THE WAY OUR SENSES PERCEIVE THE WORLD, SEROTONIN IS ALSO IMPORTANT IN REGULATING SLEEP, HEART RATE AND MOOD. SO THE EFFECTS OF LSD INCLUDE SLEEPLESSNESS, INCREASED HEART RATE, AND DRAMATIC MOOD SWINGS.

JEREMY: WHEN YOUR MOOD GOES WHACK AND YOU CAN'T THINK STRAIGHT AND YOU DON'T UNDERSTAND ANYTHING YOU JUST THINK TOO HARD ABOUT STUFF. THEN YOU LIKE THINK SOMETHING CRAZY LIKE YOU DON'T KNOW ANYTHING. YOU CAN'T THINK ABOUT ANYTHING. YOU JUST START THINKING AND YOU JUST GET REALLY PARANOID.

SHALENE: I GOT VERY QUIET. THE MORE I STARTED TO TRIP THE MORE I WOULD CLOSE EVERYBODY OFF. AND I WOULD JUST KIND OF BE IN MY OWN WORLD AND I WOULD BE REALLY SERIOUS 'CAUSE IT'S FIGURING OUT THE WORLD, YOU KNOW. AND THE PEOPLE WOULD ALWAYS ASK ME, "WHAT'S WRONG?" AND I'M JUST LIKE, "NOTHING'S WRONG! WHY DO YOU KEEP ASKING ME 'WHAT'S WRONG?'" BUT NOTHING WAS WRONG. I JUST STARTED SHUTTING MYSELF OUT.

FENTON: I THINK LSD CHANGED MY MIND AROUND. I THINK IT KIND OF SWITCHED ME. I DON'T KNOW, I'M JUST DIFFERENT NOW.

OWEN: WELL I THINK ACID AMPLIFIES WHATEVER YOU'RE DOING WITH YOURSELF. YOU KNOW. FOR ME I WAS ALREADY KIND OF PARANOID AND ACID JUST MADE THAT BIGGER FOR ME, YOU KNOW. IT ENCOMPASSED EVERYTHING. IF YOU'RE HAPPY, YOU'LL BE FLOATING ON CLOUD NINE. YOU'LL BE SO ECSTATIC. IT JUST TAKES WHATEVER YOU'RE FEELING AND AMPLIFIES IT. SO IF YOU'RE FEELING ANGRY AND VIOLENT, IT WOULD AMPLIFY THAT.

NAR: WHEN THE DARK SIDE OF LIFE GETS AMPLIFIED, CHANGES IN PERCEPTION CAN TURN INTO TERRIFYING EPISODES. AND THE RUSH OF EMOTIONS CAN
OVERWHELM A PERSON.

Owen: The world feels bad. It’s like, you’re full of fear, you’re sad, you’re scared, all the emotions that you don’t want to feel come up and you’re confused and you’re lost. Everything takes on a sinister sort of feel. Even the hallucinations start looking sinister. You’ll start seeing like dead bodies in the grass, you know. Like you’ll start seeing really weird stuff that isn’t happy. It’s not pleasant to look at and it sort of affects your state of mind.

Jeremy: You feel worthless, like you’re not doing anything, you’re just causing trouble. You’re really not helpful to the world. You feel like nothing and you just start thinking crazy stuff. Your mind just makes you believe all these whacked out fears or something.

Shalene: I laid by the toilet a lot of the night and I felt like I was either going to die or I was going to have major brain damage. But I was not going to come out of this the same.

Narrator: An acid trip can last eight to twelve hours and when things get this bad it seems like it will never end, not just for the person tripping but for everyone who’s around them.

Cameron: Anyone I’ve been around who’s having a bad trip, there’s nothing you can do. You just have to let them freak out. You just watch them and hope they don’t hurt themselves or go psycho on you.

Shalene: You never knew if they were ever going to come out, you know, and I mean you can’t tell until... you have to wait.

Cameron: There’s nothing you can really do to like help them because they’re in that state and they’re going to be like that no matter what you try to do for them.

Shalene: And it’s scary because when you’re tripping, you don’t know what to do, you know. You can’t think realistically, you can’t think logically.

Narrator: Tripping can be dangerous enough if you’re mentally stable. But if you have any underlying psychological problems, even ones you may not know about, it can bring them on or make them worse.
DR. KALOUSEK: IN THE COURSE OF THE ABUSE OF HALLUCINOGENS YOU CAN SEE DEVELOPMENT OF DEPRESSION AND ANXIETY AND THERE VERY WELL MIGHT BE PHYSIOLOGICAL REASONS FOR THAT. BECAUSE REMEMBER I SAID THAT SEROTONIN IS INVOLVED - SEROTONIN RECEPTORS. WELL, FOR MOOD DISORDER SEROTONIN IS VERY IMPORTANT, TOO, SO THERE MAY BE A DIRECT RELATION INVOLVED, BIOCHEMICALLY, FROM THAT STANDPOINT.

DR. KALOUSEK: LET'S SAY SOMEONE HAS AN UNDERLYING SCHIZOPHRENIC DISORDER WHICH IS A PERSON WHO CAN'T THINK VERY CLEARLY BECAUSE THEY'RE ALWAYS BOTHERED BY THEIR THOUGHTS. THESE PEOPLE NATURALLY WILL HAVE AUDITORY HALLUCINATIONS, VISUAL HALLUCINATIONS. THEY'LL BE VERY PARANOID, AND THEY WON'T FUNCTION VERY WELL SOCIALLY, ACADEMICALLY, OR IN A WORK SETTING. IF YOU GIVE A PERSON LIKE THIS A DRUG LIKE LSD, IT POTENTIALLY CAN PRODUCE THEIR FIRST PSYCHOTIC EPISODE.

DR: KALOUSEK: PARANOIA IS IRRATIONAL FEARS OF THE EXTERNAL WORLD WHERE THERE MIGHT BE NOTHING. IF YOU'RE IN THE BIG CITY AND WALKING DOWN THE STREET TRIPPING ON SOMETHING AND YOU'RE TRIP GOES SOUTH AND YOU START SEEING ENEMIES EVERYWHERE AND YOU START SEEING PEOPLE WITH SHARP TEETH THERE'S A VERY REAL POSSIBILITY THAT YOU CAN STRIKE OUT. THERE'S ALSO A VERY REAL POSSIBILITY THAT YOU CAN BE FRIGHTENED AND RUN INTO THE MIDDLE OF THE STREET AND BE RUN DOWN.

NAR: WHEN A PERSON ACTS OUT THEIR IMAGINARY FEARS, THEY CAN FIND THEMSELVES IN REAL TROUBLE. FENTON WAS HIGH ON MUSHROOMS THE NIGHT HIS PARANOIA GOT OUT OF CONTROL.

FENTON: WE WERE IN THIS, LIKE A LITTLE VALLEY IN A LITTLE APARTMENT COMPLEX AND WERE WALKING IN A DELL AND A BUNCH OF THEM STARTED JUMPING FENCES AND THEY WERE COMING DOWN AT US SO I TOLD THEM TO STOP AND HE REACHED BEHIND HIS BACK SO I SHOT HIM. SHOT HIM IN THE HEART WITH A .22. I REGRET TAKING SHROOMS THE NIGHT I GOT LOCKED UP. I THINK MAYBE IF I WAS SOBER, I WOULDN'T BE IN HERE. AND MAYBE I OUGHT TO HAVE THOUGHT BEFORE I ACTED.

NAR: ONCE THE LSD BEGINS TO WEAR OFF, YOU CAN FEEL THE PHYSICAL AFTER-EFFECTS OF THE DRUG. LACK OF SLEEP AND FOOD, AS WELL AS THE SENSATION OF THE CHEMICAL IN YOUR BODY, CAN MAKE COMING DOWN A MISERABLE EXPERIENCE.

NAR: AND THEN THERE'S FLASHBACKS. YOU CAN EXPERIENCE SUDDEN REPETITIONS OF THE HALLUCINATIONS AND FEELINGS THAT YOU HAD ON ACID DAYS OR EVEN MONTHS LATER.
OWEN: EVERYTHING TOOK ME BACK. EVERYTHING TOOK ME TO THE SAME PLACE - A PARANOID WORLD TRYING TO TELL ME SOMETHING, YOU KNOW. IT WAS ALL THERE AGAIN AND I WANTED TO BE DONE WITH IT. I WAS REALLY, I WAS OVER WITH IT.

NAR: BECAUSE LSD IS NOT CONSIDERED A PHYSICALLY ADDICTIVE DRUG, STOPPING TAKING IT MAY SEEM LIKE IT WOULDN'T BE SO HARD.

NAR: BUT JUST LIKE ANY OTHER DRUG, YOU MIGHT FIND YOURSELF TURNING TO ACID TO ESCAPE YOUR PROBLEMS. AND THAT CAN LEAD TO A PSYCHOLOGICAL DEPENDENCE THAT CAN BE DIFFICULT TO BREAK.

DR. KALOUSEK: YOU HAVE TO USE IT TO FUNCTION ON IT. YOU KNOW WHAT I MEAN? YOU JUST HAVE TO HAVE IT. LIFE IS NOT LIFE WITHOUT YOUR DRUG.

SHALENE: IF I WANTED TO GET HIGH AND THERE WAS NOTHING TO GET HIGH WITH, I COULDN'T BE HAPPY, NOTHING COULD MAKE ME HAPPY UNTIL I WAS HIGH.

FENTON: I THINK THAT'S WHY I STARTED DRUGS, 'CAUSE I FELT MY LIFE WAS SO (BLEEPED) ANYWAY, EXCUSE MY LANGUAGE, JUST SO MESSED UP ANYWAY, WHAT'S THE POINT? SO WHEN I GOT HIGH I WAS IN A WHOLE NEW WORLD AWAY FROM EVERYTHING, SO I JUST KEEPT GETTING HIGH BECAUSE IT TOOK ME AWAY FROM EVERYTHING.

SHALENE: THAT'S WHY YOU WANT TO KEEP DOING IT BECAUSE YOU THINK THAT IT'S GOING TO STAY LIKE THAT BUT YOU START GETTING USED TO THE FEELING.

OWEN: IT BECAME HABITUAL AND I DIDN'T... IT BECAME PART OF WHO I WAS AND I KEPT DOING IT AND KEPT DOING IT AND IT WASN'T GETTING ME TO THE SAME PLACE ANYMORE. IT BECAME STALE AND IT WASN'T FUN ANYMORE. BUT I STILL DID IT.

NAR: WHEN YOU'RE NOT GETTING THE SAME HIGH, YOU FIND YOURSELF TAKING A STRONGER DOSE TO TRY TO GET THERE.

DR. KALOUSEK: TOLERANCE IS BASICALLY YOU HAVE TO USE MORE DRUG FOR THE SAME EFFECT. CERTAINLY THE HALLUCINOGENS FALL INTO THIS CATEGORY, WHERE YOU GET USED TO AN INCREASING AMOUNT OF THE DRUG. THAT'S EXACTLY WHAT TOLERANCE IS. YOU KNOW BEING A PERSON WHO HAS BEEN USING LSD OR THE OTHER HALLUCINOGENS WILL END UP NEEDING MORE AND MORE AND MORE OF THIS SUBSTANCE.

NAR: GIVEN HOW UNPREDICTABLE THE EFFECTS OF LSD CAN BE, TAKING
MORE OF IT MORE OFTEN CAN HAVE SERIOUS CONSEQUENCES. ESPECIALLY IF, LIKE JEREMY, YOU ARE DIAGNOSED WITH SEVERE DEPRESSION AS A CHILD. AFTER GETTING TO THE POINT WHERE HE WAS TAKING TEN HITS DAILY, JEREMY NOW FINDS THAT HE HAS SUFFERED PERMANENT BRAIN DAMAGE.

JEREMY: THE DOCTORS DID TESTS AND STUFF. I’VE GOT ALL KINDS OF TESTS AND STUFF. I’VE BEEN DOING IT SINCE I WAS NINE. I OD’D. THE LAST TIME I OD’D WAS TWO WEEKS AGO. I’M 15 NOW. IT’S JUST - OVER HALF MY BRAIN IS GONE. IT’S JUST RIPPED ME APART. IT’S RIPPED ME APART. I CAN’T DO IT NO MORE EVEN AS MUCH AS I CAN. I’LL BE DEAD. IT’S JUST LIKE PUTTING A CIGARETTE OUT ON YOUR BRAIN.

NAR: WHETHER YOU ARE MENTALLY HEALTHY OR YOU HAVE AN UNDERLYING ILLNESS, TICKING LIKE A TIME BOMB IN YOUR BRAIN, YOU DON’T WANT TO RISK TAKING LSD. THE COSTS ARE TOO GREAT.

SHALENE: YOU GET CUT OFF. YOU GET EMOTIONALLY CUT OFF AND YOU DENY IT. DENIAL IS A VERY BIG THING. BECAUSE YOU THINK THAT THE DRUGS ARE NUMBING YOUR PROBLEM WHEN REALLY THE DRUGS ARE MAKING THE PROBLEMS.

FENTON: I THINK THAT’S THE MAIN REASON I’M IN HERE FOR. I JUST STARTED GOING DOWNHILL. AND I STARTED GOING SO FAST I COULDN’T STOP MYSELF. IT WAS EITHER HERE OR DEAD.

OWEN: IT’S STILL HARD FOR ME TO FIND THINGS IN THE REAL WORLD THAT MAKE ME HAPPY. I DON’T KNOW IF THAT’S LEFT OVER FROM THE DRUG, IF THAT’S PART OF MY PERSONALITY, I’M NOT SURE. I HAVE NO IDEA.

JEREMY: I’VE TRIED TO LIKE FIND STUFF TO REPLACE DRUGS AND IT JUST CAN’T DO IT FOR ME. I’M COMPLETELY SAD WITHOUT DRUGS. I JUST... I DON’T KNOW.

NAR: FOR THOSE LUCKY ENOUGH TO MAKE IT, COMING BACK TO REALITY MAYBE HARD BUT AS SHALENE AND OWEN HAVE DISCOVERED, IT’S DEFINITELY WORTH IT.

SHALENE: ABOUT THREE WEEKS LATER AFTER I HADN’T DONE ANY, I STARTED LOSING HOPE. I STARTED FEELING LIKE, "I HAVE NOTHING LEFT. I LOST IT ALL. THERE’S NOTHING LEFT FOR ME. I’M NEVER GOING TO BE HAPPY AGAIN." YOU KNOW, "I SCREWED UP MY LIFE." BUT I KNEW THAT GETTING HIGH WASN’T GOING TO MAKE IT BETTER. I KNEW THAT THIS WAS SOMETHING I HAVETO DO AND A COUPLE DAYS LATER I STARTED NOTICING THAT THE BAGS WENT AWAY. I STARTED TO GROW AGAIN AND MY PARENTS STARTED BEING
NICER TO ME. AND I STARTED WANTING TO GO BACK TO SCHOOL. AND IT ALL HAPPENED.

OWEN: BUT I REALLY FEEL LIKE I'M FINALLY GETTING BACK ON MY FEET NOW. IT REALLY STARTED WHEN I STARTED GOING TO SCHOOL, WHEN I HAD SOMETHING TO DO, TO FOCUS ON.

SHALENE: I'M HERE NOW. MY LIFE HAS COMPLETELY TURNED AROUND, COMPLETELY. I MEAN I'M SO HAPPY. AND I JUST WENT TO SOUTH AFRICA. I'VE MET FOUR NOBEL PEACE PRIZE WINNERS IN THE LAST YEAR. IF YOU HAVE DREAMS, THEY'RE GOING TO FADE WHEN YOU'RE DOING DRUGS. BUT WHEN YOU'RE SOBER, YOU CAN FOCUS ON THEM. I MEAN, YOU WON'T FORGET.

NAR: IF COMING BACK TO REALITY CAN FEEL THIS GOOD, WHY TRY TO ESCAPE IT IN THE FIRST PLACE?

NAR: WHY RISK THE GAME BEING OVER, WHEN IT'S JUST BEGUN?

SHALENE: YOU NEED TO LEARN THAT THE CHOICES YOU MAKE TODAY ARE GOING TO AFFECT YOU. YOU DON'T THINK THEY ARE BUT THEY WILL, YOU KNOW. 'CAUSE I WAS DOING DRUGS FOR FIVE YEARS. I LOST FIVE YEARS OF MY LIFE.
PRE-TEST

1. Is LSD addictive? If so, in what way? If not, why not?

2. How does LSD affect the brain?

3. How does chronic use of LSD affect the emotions and perceptions of a person?

4. How long does an LSD trip last?

5. Does LSD use have any long-term physical or emotional consequences?

6. Is it difficult to stop using LSD? Why or why not?

7. What is a flashback?
HOW LSD WORKS IN THE BRAIN

LSD - lysergic acid diethylamide - primarily affects the brain by disrupting the communication system that transmits messages from nerve cell to nerve cell in the body and brain. This disruption affects how we perceive outside stimulation through our five senses.

The chemical messengers which transmit information from cell to cell are called neurotransmitters. The places where they attach to the nerve cells are called receptors. LSD causes its effect mainly by activating one type of receptor for the neurotransmitter, seratonin. Seratonin is important in our ability to perceive the outside world through our five senses.

When the seratonin receptors are disrupted by LSD, our sensory perceptions are altered. This may mean that things we see become brighter or distorted, we may hear things, our senses of taste and smell may be altered so that things we usually find pleasant now seem repulsive. Additionally, our emotional responses to things may also become amplified. If we perceive something potentially frightening (i.e. barking dogs), it may seem terrifying on acid. A simple comment from a friend may seem sinister. A smiling face may seem to bare fangs.

While current research indicates no long-term physical damage from LSD use, long-term psychological effects are common. Underlying mental disorders, like depression, anxiety, schizophrenia, or other bipolar disorders, may be triggered or made worse by LSD use. A person whose underlying schizophrenia is triggered by LSD will be faced with a lifetime of living with this disorder whether he continues to use LSD or not.

Seratonin also works to regulate heart rate, sleep and mood. Disruption of the seratonin receptors in the brain can result in increased heart rate, sleeplessness, and extreme mood swings.

While not physically addictive, an LSD user can become psychologically dependent on the drug. The user becomes accustomed to the altered reality and the escape from reality and can no longer process emotional issues effectively. The user then has a psychological need to use more LSD to escape from the mounting unresolved emotional issues.

This is exacerbated by tolerance. Tolerance is when the user's body gets used to the drug so that the user must increase the quantity and frequency of use to get the same effect.

Each of the people featured in the program, LSD: GAME OVER, experienced many of the effects described above. For some, like Shalene and Owen, the negative effects were a temporary thing that convinced them to stop use so they did not worsen. For others, like Jeremy and Fenton, the effects have created frightening long-term effects that they will deal with for their entire lives.
**LSD GLOSSARY**

**bi-polar disorder** - An affective, or mood, disorder also known as manic-depressive disorder. A person suffering from bi-polar disorder will cycle between moments of extreme energy and agitation (manic) and bouts of severe depression up to and including suicidal thoughts (depressive). A person suffering from bi-polar disorder may be high-functioning between but will be low-functioning when manic or depressive.

**crash** - The uncomfortable feelings experienced when coming off LSD. These may include fatigue, dehydration, headache, and restlessness.

**denial** - The psychological inability to recognize a problem like drug abuse and resolve it.

**dependency** - A physical and/or psychological need for a substance.

**high** - Feeling the effects of LSD or other substances.

**flashback** - A phenomenon in which a person may once again experience the sensation of being on LSD days or weeks after taking the drug.

**hallucination** - The apparent perception of sights, sounds, etc., that are not actually present. Hallucination comes from a Greek word meaning “to wander in the mind.”

**hit** - A dose of the drug.

**neurotransmitter** - The chemical messengers by which neurons or cells that carry information between the brain and other parts of the body send and receive information. Most drugs change the way the brain works by affecting the function of neurotransmitters.

**paranoia** - A psychological condition in which a person feels he or she is at risk, or is being followed or threatened. In extreme cases, a person may hear voices or see things or people that are not there.

**relapse** - To fall back into drug use and addiction after recovery or seeming recovery.

**schizophrenia** - An affective, or mood, disorder that manifests itself in any number of psychoses, including autism, extreme paranoia, or visual and auditory hallucinations. A person suffering from schizophrenia will usually be unable to function in his life at a suitable level.

**self-medicate** - To use drugs as an attempt to medicate oneself as a result of some physical or psychological discomfort.

**serotonin** - A hormone-like neurotransmitter in the brain. Helps to regulate heart rate, sleep, and mood. Also helps the brain with sensory integration.

**tolerance** - The body’s ability to handle larger and larger amounts of the drug due to regular use. Once tolerance sets in, a person needs increasing amounts of the drug with increased frequency in order to achieve the same effect.

**trip** - The experience of being high on LSD. A person on LSD is said to be “tripping.”
HELPING A PERSON ON A BAD TRIP

Being around someone on a bad trip can be a terrifying experience, as Cameron and Shalene explain in the program. Someone on a bad trip may be completely dissociated from reality and seemingly impossible to reach. There are, however, some helpful things one can do to help someone who is having a bad trip.

1) Get him to a place where he will feel safe. Setting is very important in an LSD trip. If a person on a bad trip is taken to a place where he feels comfortable, it will help him greatly.

2) Stay calm. A person who is tripping is often very tuned into the emotions around him. By staying calm, you help him feel calm.

3) Do not give him other drugs or mind-altering substances. There are no substances or other drugs that will help him feel better and many will make him feel worse. This is especially true with alcohol, methamphetamine, and cocaine. Even coffee may not be a good idea for someone experiencing a bad trip. Additionally, some drugs, like marijuana, may enhance the effects of the LSD and make the bad trip more intense.

4) Do not leave him alone. Even if the person who is tripping insists on being alone, do not leave him if possible. A person who is tripping may not have the judgment to know whether being alone is good or not. Also, a person on a bad trip may potentially be a danger to himself, either consciously or inadvertently.

5) Offer constant reassurance that the trip will end and that you will be there for him as long as he needs. Remember that he may be abusive at times as he experiences strong waves of terror and paranoia. Do not take what he says while tripping personally. Keep in mind that he is not himself at that moment and may not behave predictably. You can be most helpful to him by standing by him through his terrifying moments.
NATIONAL HELPLINES AND RESOURCES

National Institute on Drug Abuse (NIDA)
Room 10A-39
Rockville, MD  20857
301-443-6245
http://www.nida.nih.gov

American Council for Drug Education (ACDE)
164 West 74th Street
New York, New York  10023
1-800-488-DRUG
www.ACDE.org

National Clearinghouse for Alcohol and Drug Information
1-800-729-6686 (English and Spanish)
1-800-487-4889 (TDD, for hearing impaired callers)
http://www.health.org

Federal Drug, Alcohol and Crime Clearinghouse Network
1-800-788-2800

Drug Information and Strategy Clearinghouse
1-800-578-3472

National Drug and Alcohol Treatment Referral Hotline
1-800-662-HELP
1-800-66 AYUDA (Spanish)

Drugs and Crime Data Center and Clearinghouse
1-800-666-3332

National Runaway Switchboard
1-800-354-8824
INTERNET RESOURCES

National Institute on Drug Abuse
http://www.nida.nih.gov

Preventing Drug Use Among Children and Adolescents: A Research-Based Guide
Published by the National Institute on Drug Abuse of the National Institute of Health
http://www.nida.nih.gov/Prevention/Prevopen.html

Drug-Free Resource Net
The Partnership for a Drug-Free America
http://www.drugfreeamerica.org/index.html

“Quick Docs” and Alcohol and Drug Facts
The National Clearinghouse for Alcohol and Drug Information
http://www.health.org/pubs/qdocs/index.html#facts

National Families in Action Online
http://www.emory.edu

MedWeb
http://www.gen.emory.edu/medweb

Neuroscience for Kids
http://weber.u.washington.edu/~chudler/neuroscience.html