

WHAT IS A BAD TRIP?

- A bad trip can be broadly defined as simply a scary or uncomfortable drug experience.
- The term is typically used to describe psychedelic and hallucinogenic trips, such as with LSD or psilocybin mushrooms. But bad experiences with other drugs such as MDMA can produce the same symptoms.
- Bad trips can last for hours if proper treatment and company isn't provided. It also depends on the strength and duration of the drug taken. For example, average dosages of MDMA and psilocybin last about 5 hours. LSD, on the other hand, is one of the most potent psychedelics and can last for more than 12 hours.

WHAT CAUSES A BAD TRIP?

Certain people are more susceptible to bad trips than others. But one or more of the following factors can always contribute to the cause:

- Individual's **lack of experience** with hallucinogens, psychedelics, or mind-altering substances in general, or the effects just weren't **what the user expected** them to be.
- The surrounding **people and settings** are not right, perhaps because user **did not prepare** or properly plan for the experience.
- **Psychological problems** or disorders being exacerbated. Current, ongoing, or returning **emotional issues** may also be surfacing. **Family history** of poor mental health also possible.

WHAT DO PEOPLE EXPERIENCE DURING A BAD TRIP?

- Fear, dazed confusion, loneliness, dissociation, delusions, isolation, anxiety, and (in worst-case scenarios) panic attacks & uncontrollable paranoia.
- Loss of touch with reality, where basic perception of oneself & surroundings are distorted.
- The characteristics of a bad trip can resemble symptoms of schizophrenia.

WHAT CAN SUCH AN EXPERIENCE DO TO A PERSON?

- In a rare worst-case scenario, the user may be afflicted with long-term or permanent psychological problems, including Post Hallucinogenic Perceptual Disorder (PHPD).
- Flashbacks are conditions where users return to the

state of being on LSD without actually consuming it. The condition is rare, random, can occur years after abstinence, and the cause is not known. Some users or former users enjoy flashbacks, but for those who don't, it may be because their original experiences were bad trips.

- Because positive experiences with MDMA and psychedelics can produce life-changing revelations and personal discoveries for some people, users who have been treated out of a bad trip have long-lasting memories and appreciation for the people and surroundings that alleviated their fear and discomfort.

HOW CAN I PREVENT MYSELF FROM HAVING A BAD TRIP?

- **Know what you're taking** before taking it. Doing basic research on the drug can help you prepare for a safe and comfortable experience.
- Take it in a good place and **be with close people** who are experienced or will at least be coherent enough to help you if need be.
- Prepare and carry with you a **good trip packet** full of pictures of loved ones, favorite souvenirs, nostalgic memorabilia, or anything that reminds you of positive things and puts you in a comfortable mind state.
- **Avoid taking the drug** if your family has a history of poor mental health, you have any psychological problems or disorders yourself, or if you're going through an emotionally traumatic period in your life.

HOW CAN I HELP SOMEONE WHO'S HAVING A BAD TRIP?

- Check to see if the user needs any physical attention first, such as water, clothing, or a place to vomit. If he or she is comfortable with it, you may want to **hold the person's hand** or rub his/her shoulders. With bad psychedelic trips, soft bodily contact (as long as it's consensual and not invasive) can calm a user down and bring the user back to a physical reality.
- **Bring the person into a moderate setting** where sights, sounds, and other sensations are neither lacking nor too stimulating. For example, if you are at a party or concert, take the person away from loud music, noisy crowds, packed dance floors, and colorfully-lit stages. At the same time, keep them away from completely dark areas with no noise or people present. Stimulating sensations can produce panic or confusion while desolate settings can induce loneliness or isolation. To reduce the fear that either types of places can cause, bring the person to a

lounge, hallway, outdoor area, or regular room with normal lighting and temperature, a gentle noise level, and a loose crowd of people around.

- If you do not already know the user personally, try to locate his/her friend. And in the meantime, **start up a friendly conversation** and initiate a warm chat. Unlike alcohol, sedatives, or stimulants, negative reactions to hallucinogens are almost always mental or emotional, not physical. Therefore, most of what is required to treat a bad trip is simply good social skills. Be sure to **say the person's name repeatedly** when talking to the individual. Consistently hearing one's own name aids in the recall of self-identification, which brings about a closer connection to reality. Most of your **conversation should be about whatever the person likes** to talk about, including family, friends, hobbies of enjoyment, or life goals. Discuss whatever necessary to get the user thinking about positive things. You may want to find one thing the two of you have in common and chat about it. **Maintain a friendly and optimistic tone** throughout the talk. Imagine yourself trying to comfort a toddler who's crying or pouting about something. The same things you'd avoid saying to a sad toddler should also be avoided when comforting someone on a bad trip. The goal is to keep the individual in a positive mood.
- Tell the person that the discomfort and fear is a reaction to the effects of the drug and nothing more. **Remind him/her that the experience is not real**, that it will go away in a few hours, and that many users have gone through the same thing and survived. Outside of this context, try not to dwell on the drug too much. Again, most of the conversation should be about topics that would make the user calm or happy.
- If the person gets hysterical, violent, or in any way out of your control, seek the closest professional aid and **call 911**.

ONLINE RESOURCES

DanceSafe, www.dancesafe.org

A nationwide coalition of volunteers doing peer outreach to users of ecstasy, psychedelics, and other "club drugs"

Lab Analysis Program, www.ecstasydata.org

Send in your "ecstasy" tablets from anywhere in the world to have it screened for adulterants, Results are posted online, Anonymous and DEA-licensed service

Erowid, www.erowid.org

Features extensive facts, history, articles, and much more on hundreds of known substances (legal & illegal)

BAD TRIPS

- CAUSES -

- COMMON DRUGS -

- SYMPTOMS -

- PREVENTION -

- HELPING SOMEONE ON IT -

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