



LSD

frequently asked questions



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(Lysergic Acid Diethylamide,
Acid, Trip)

Background

What is LSD?

LSD is a hallucinogenic drug. Stimulant drugs like amphetamine generally speed up and energise the mind and body, while depressant drugs like alcohol generally slow down and relax the mind and body. By contrast, hallucinogenic drugs like LSD produce more varied (and strange) effects on perception, thought and emotion – leading to them becoming known as ‘side-winders’ rather than ‘uppers’ or ‘downers’. LSD is classed as an ‘indole drug’ and comes from a branch of the tryptamine family of drugs.

Why is it called LSD?

The full chemical name for LSD is d-lysergic acid diethylamide-25, so you might expect it to be called LAD. But it's called LSD as a kind of popular slang name, where the 'S' stands for the 's' sound from the letter 'c' in 'acid'. It should be fairly obvious why it's also called acid (or aciieeeeeedd if you were a raver in the late 1980s), and it's also known by its effects (trips) and the forms it comes in (blotter or tabs). Like ecstasy, particular batches of LSD are also called by their brand names, as indicated by the image or logo on the blotter/tablet – for instance, Supermans are LSD blotters with a Superman logo printed on them.

When was LSD discovered, and when was it first used for tripping?

In 1938, Swiss chemist Albert Hoffman made the world's first LSD. Five years later he discovered the strange effects of the compound he had made, when he accidentally absorbed some of it through his hands. Feeling a bit odd, Albert then took the most famous bicycle journey in history. By the time he reached home he had been on the world's first acid trip.

When was LSD banned, and what are the current laws?

In 1966, the British government responded to the outbreak of LSD use among hippies by adding it to the list of banned drugs (the possession and supply of opiates, cocaine, cannabis and amphetamines had already been legally prohibited). Then, in 1971 the Misuse of Drugs Act (MODA) banned large numbers of drugs, making LSD a Class A drug – which carries a maximum sentence of life for trafficking offences (supply, production, intent to supply, etc.) and seven years for possession.

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How do the courts usually deal with LSD offenders?

Depending on the amounts involved and other factors, about a fifth of people charged with LSD possession are cautioned by the police, about a fifth fined by the courts (an average of around £140), about a fifth are imprisoned (mostly for trafficking offences) and about one in six are sentenced to probation, supervision or community service orders.

Has LSD ever been used as a medicine?

During the 1950s and 1960s, LSD was investigated by the US and British military as a possible 'weapon' for disabling the enemy, and by the CIA as a potential brainwashing tool. But after tests on soldiers and prisoners, LSD was rejected as being too unpredictable by both the military and 'secret services'. Around the same time, it was also investigated by the medical profession as a tool for treating alcohol dependence (notably alcoholism), and for physical health disorders, including pain relief. From the late 1950s, Dr. Oscar Janiger, a Los Angeles based psychiatrist, gave LSD to many famous actors and celebrities. These included: Jack Nicholson, who said that it helped him 'overcome my childhood' and Cary Grant, who took LSD over 100 times in therapy, and also claimed that it had helped him come to terms with his drinking and his parents. Although research suggested limited success in some areas, the general conclusion of the British medical profession was and is that LSD has 'no medical use'.

How did LSD become a recreational drug?

In the mid-1960s, young people in the 'hippie' sub-culture – also known as 'Flower People' and 'Freaks' – began experimenting with LSD as a 'consciousness altering' tool, and as a method of obtaining 'love and peace'. They were partly inspired by acid gurus such as the US 'Brotherhood of Eternal Love'. Among LSD's most famous advocates were the 'Merry Pranksters' Richard Alpert, Timothy Leary and Ken Kesey. Kesey was author of 'One Flew Over the Cuckoo's Nest', and in 1964 he started touring around the USA in a 'Magic Bus' offering people the opportunity to experiment with the drug. Timothy Leary was a Harvard professor who took LSD, and soon became its most famous advocate, advising young people to 'turn on, tune in, and drop out'. Leary wrote several books about LSD, and believed that it could help you communicate with alien beings. Leary encapsulated his acid philosophy in the acronym SMI²LE – which stands for Space Migration, Intelligence Increase, and Life Extension (of course). Like the famous author Aldous Huxley, Leary is reported to have taken LSD during his final hours before death – that is, like a heroic 'psychonaut', he died exploring psychedelic space.

Did the Beatles ever take LSD?

The Beatles' 'Lucy in the Sky with Diamonds', whose initials spell out LSD contains the following lyrics:

*picture yourself in a boat on a river
with tangerine trees and marmalade skies
somebody calls you, you answer quite slowly
a girl with kaleidoscope eyes*

I rest my case!

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Consumption

How and where is LSD produced?

LSD is a synthetic drug, which requires fairly sophisticated chemistry equipment and knowledge to make. It is derived from lysergic acid, which is found in two natural sources: ergot, a fungus, which grows on rye and other grains; and the seeds of some plants – notably Morning Glory (ipomea) and Hawaiian Woodrose.

Though not as potent as LSD, lysergic acid itself is trippy. In the Middle Ages in Europe, poor people who had to eat mouldy rye would end up tripping, often dancing around like mediaeval ravers. Unfortunately, ergot constricts blood vessels, and also made their limbs gangrenous, so that blackened fingers and toes sometimes rotted and dropped off (LSD does not have this effect on your toes/fingers) – this condition became known as St. Anthony's Fire.

In Britain in the early 1970s, chemistry student Richard Kemp kept supplies of LSD thriving by working with the 'Brotherhood of Eternal Love' to churn out six million acid tabs. In 1974, after a major undercover police investigation called 'Operation Julie', Kemp and his gang were busted, finally being tried in 1978. Some people saw this as marking the end of the hippie/LSD age. In Britain in the 2000s, LSD is still made inside the country, though some is imported from the USA or Europe.

In what form is LSD made and sold?

When LSD is made, it is usually in the form of a transparent, colourless, odourless liquid, though it can also be produced as a solid, white crystalline substance. Because the amount of LSD needed for a trip is very small compared to other drugs (see below), it requires a suitable 'vehicle' to market it as a drug product.

'Microdots' (small tablets) provide one suitable vehicle, because tablet-making machines and devices enable mass production. LSD microdots are about the size of artificial sweetener tablets, or even smaller. Microdots come in various shapes and colours, including pyramids and stars. They are often sold packaged in long cellophane strips.

'Blotters' (or 'Tabs') are the other main form in which LSD is sold – this method involves designing and printing sheets of absorbent paper with images on them, dividing them into equal-sized squares, and dropping a dose of liquid LSD onto each square (either manually or mechanically). Images or designs can be replicated in each square, or the image/design can cover a whole sheet, with each square showing a part of the overall picture. Sheets of squares can then be cut off and sold as required, like stamps. Hundreds of different images and designs have appeared on LSD blotters since the 1960s, with famous examples including Bart Simpson, Mind Body & Soul (MBS), and Superman. Blotter-squares vary in size, but on average, about six would make up the size of a postage stamp.

Is LSD cut with nasty chemicals?

Evidence of LSD being cut with strychnine and sometimes amphetamine goes back to the 1960s, but there is little information available about whether LSD is still being adulterated in this way.

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More than just about any other illegal drug, LSD tends to be either pure (LSD only) or, occasionally, totally dud (no drugs at all) – with adulteration being relatively rare. This is because the two forms in which LSD is sold – microdots or blotters – are both relatively small ‘vehicles’, and do not permit much ‘room’ for adding adulterants. Also, because LSD is generally taken occasionally by a fairly small proportion of people, it does not attract the same level of interest from criminal gangs, who routinely adulterate their drug products. Although no longer produced exclusively by hippies and counter-culture revolutionaries, LSD is still more likely to be made and marketed by individuals and groups who value the effects of the drug, and who are less likely to adulterate it than other drug producers.

How much does it cost?

In many areas, the price of a dose of LSD has now dropped down to the price being charged in the early 1970s – £1 to £2. Having crept up slowly during the 1980s, the price of LSD reached about £5 a dose by the early 1990s, before falling again to about £3 to £4 a dose in the late 1990s and even lower in the 2000s – ranging between £1 (e.g. Manchester) and £5 (e.g. Birmingham), averaging about £2.50 a dose.

How is LSD taken?

Since it is almost always in the form of either blotters or microdots (sometimes gelatine/sugar cubes or fruit pastels), LSD is usually swallowed. But if it is still in liquid form, it can be absorbed through bodily membranes or even the skin, and can also be injected. No smokable form of LSD has ever been available. Swallowing LSD was originally referred to by the hippies as ‘dropping acid’ or ‘turning on’, whereas these days people are more likely to talk about ‘necking trips’.

Have stick-on tattoos ever contained LSD?

A common 'urban myth' arises from confusion between 'lick and stick' (temporary ink) tattoos, and the LSD blotters, which they resemble. It holds that drug dealers are impregnating 'lick and stick' tattoos with LSD, and giving them to schoolchildren free. When the children innocently lick them, and press the tattoo against their arm/hand to transfer it, they would absorb the LSD through their tongue and/or skin. The full version of this urban myth also contends that once the schoolchildren are 'addicted' to the LSD, the dealers start charging them for it (LSD is not addictive in any case). This myth should be featuring soon in a newspaper near you...

How much LSD is needed for a full trip?

The intensity of a trip depends partly on how the LSD was made – subtle changes in its chemistry can influence its potency. As with other drugs, the 'effective dose' of LSD also depends on personal factors (notably body weight and personality) and setting factors (the situation it is used in). For instance, the same dose of LSD will seem much stronger if taken in an unfamiliar place (e.g. at a festival rather than at home). LSD is the most potent of all the psychedelics: 100 times stronger than psilocybin (magic mushrooms) and 4,000 times stronger than mescaline. The effective dose for the average person is 100 to 200 micrograms (mcg) – a postage stamp weighs 60,000 micrograms.

Effects become noticeable from doses of around 25 to 50 mcg (low-level), though most users say that low doses like this tend to produce heightened physical effects and tension – probably because the mental experience is not intense enough to 'blot out' the side effects. Clear psychedelic effects begin at around 100 mcg (medium-level trip) – though a full-blown trip, with strong visual hallucinations, often requires at least 200 mcg, depending on set and setting (see

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Effects). The trip gets 'stronger' up to about 500 mcg, which is the effect 'ceiling'. That is, nothing is really gained by using doses higher than this – unless, of course, tolerance has been built up from too frequent use (see next question). Forensic analyses of seized LSD in the 2000s show that average purity was about 20 to 80 mcg, perhaps averaging 50 mcg – compared with 200 mcg or more in the 1960s. This means that a standard LSD trip today would require between two and four average-strength blotters.

How often can LSD be taken?

LSD is not a drug which people are likely to take frequently, for two main reasons. First, full-blown trips tend to be a challenging, mentally exhausting experience, rather than a simple, pleasurable one (as with a spliff of cannabis or a line of cocaine). Second, tolerance to its effects are fairly rapid – within four or five days of daily use, the amount of LSD needed for a full trip would be too huge to be feasible. However, tolerance also reduces fairly quickly when the user abstains – about three days to a week will bring most brains back to a normal enough state to start tripping again. But some 'acid freaks' say over-use can lead to weak trips, and that after periods of heavy use it can take several weeks or months of not using before they can get full blown trips again. So most users of LSD take it occasionally, somewhere between once a year and once a month. The main exceptions to this are clubbers, some of whom take LSD on a weekly basis, as a 'dance drug' – though most clubbers prefer ecstasy for dancing (or cocaine for those who prefer standing around looking cool).

What other drugs are taken with LSD?

The effects of LSD are so wide-ranging and strange, that there is no real need to take other drugs with it. But other drugs are sometimes taken with LSD for two reasons. Some users smoke cannabis or drink alcohol on LSD in order to take the 'edge' off the trip – that is to reduce jittery feelings and tension. Similarly, some users take MDMA an hour or two before taking LSD to make the trip a lot more 'handle able' and 'centred', and to reduce the chances of a bad trip. At the other extreme, some users take drugs like harmaline (Syrian Rue) or nitrous oxide (laughing gas) while on an LSD trip, in order to intensify the effects, at least for short periods. Harmaline can also make the trip last up to twice as long.

Lastly, taking stimulants (speed or cocaine) on LSD generally intensifies the trip during the main stage, but can accelerate you out of the residual stage of a trip. Taking depressants (sedatives, opiates or alcohol) on LSD generally reduces the intensity of the trip – tranquillisers can completely 'end' a trip. But getting drunk while tripping can lead to unpredictable behaviour.

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Effects

How does LSD affect the brain?

Like other drugs, LSD produces its effects by interfering with the brain's neurotransmitters (chemicals which transmit signals between brain cells – the 'hardware' underlying our thoughts and feelings). LSD affects levels of serotonin (also called 5HT) – a master chemical involved in controlling other neurotransmitters, and affecting various mental functions including mood, memory, awareness and drives. There are several sub-types of 5HT, and LSD works by boosting 5HT-2 and blocking 5HT-1. But less than 1% of an LSD dose actually reaches the brain, and most of this has left the brain after a few minutes. In short, LSD has a kind of 'hit and run' trigger effect – the trip is generated entirely by your own brain. LSD acts like a key, which opens up the locked doors of your mind.

Why are LSD trips so different from person to person, and trip to trip?

The effects of drugs depend on three things: in addition to **the drug** itself and how it is used, two other crucial factors are the **set** (you, your experiences, personality and state of mind) and the **setting** (where you take it, who with etc). Set and setting are particularly important influences on the effects of psychedelic drugs like LSD. Since the nature of set and setting tend to vary from trip to trip, they are the main reasons each trip is different.

For instance, a high dose of LSD (drug), taken by an inexperienced, nervous user who is worried about taking the drug (set), who is in an unfamiliar place with strangers (setting), is far more likely to cause a 'bad trip' than a standard dose taken by

an experienced user in familiar surroundings with friends. Culture and society also have an influence – for instance, LSD trips were more likely to produce feelings of ‘love and peace’ during the ‘60s, when these things were all associated in the hippie sub-culture – though bad trips may also have been more common then, due to lack of experience with the drug. Also, paranoid feelings may be partly induced by the user’s awareness of the illegal or taboo status of the drug. Below is an account of the LSD trip of 23-year-old man, on ‘peak confusion’.

“...There were six of us tripping on this wacky acid, and we were all peaking and had reached that stage, you know, when you start to feel like you are in a dodgy video, where things keep happening or half-happening, then repeating; or you think they happened, but that was it, you just thought it, it wasn’t really happening! I remember meeting Jenny on the stairs, and stopped and mumbled something, then she said ‘Did this happen before?’, and I said ‘What you just said, or what we are doing now’, but she interrupted me with a manic laugh, eventually saying between squeals, ‘No, no, no that, it hasn’t happened yet”.

What are the physical effects on LSD (on the body)?

The physical effects of LSD are similar to those of stimulant drugs like amphetamines, but are generally far less intense. Above the neck, they include dilated (enlarged) pupils, widened eye-lids, and jerky eye movements (sometimes leading to blurred vision); jaw clenching, teeth grinding, and lip-chewing (caused by muscular tension in the jaw); and a dry mouth and throat (sometimes preceded by salivation), and a metallic taste. Below the neck, they include

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trembling, twitching, jitteriness and numbness; increased pulse rate; higher body temperature; increased breathing rate; and reduced hunger and nausea. The physical effects of LSD may be more noticeable in smaller doses – this is probably because larger doses produce such strange mental effects that people don't notice the physical effects so much.

What does a trip feel like?

Tripping on LSD can be a powerful experience, over which it can be difficult to exert control. The unique thing about LSD is its ability to enable the brain to mix up senses – so people often say they can see sound, hear colour, and see things in a totally new way. Some writers have viewed mind-bending drugs as removing the filters and controls on normal thought and awareness – thus opening the 'doors of perception' to bombardment from external reality and the unconscious mind. Others view the effects of such drugs as closing down ordinary adult thinking, so that the user views the world like a child or an alien with no knowledge of it. All of these ideas about tripping give a feel for some aspects of the experience.

But the most important thing to remember is this: tripping is an active experience, not a passive one. In short, it's not like going to the cinema, paying for your ticket, and watching a specified movie. Everyone's trip will be different. A useful metaphor is to view tripping as like getting on a horse and going into a strange landscape. You can let the horse take you where it wants, hauling you up hills and back down into valleys, galloping for miles and then stopping and grazing – or even running round and round in circles. Alternatively, you can grab hold of the reins, and direct the horse into those parts of the landscape that interest you most – riding at your own speed,

and in your own style. The more disciplined your mind is, the more you prepare for the trip, and the more experienced a tripper you become, the more likely it will be that you can control your trip, rather than it controlling you.

What are the main stages of an LSD trip?

An LSD trip lasts about 8 to 12 hours, depending on dose and other factors (it is long-lasting because the liver degrades it slowly). The effects are called a trip because there is a strong feeling of being on a spiritual/psychological journey. All areas of the mind are affected – thoughts, perceptions, emotions, drives, self/identity and consciousness. Though all types of mental state can be enhanced, they can also be diminished. For instance, thoughts can seem incredibly clear and insightful, but can also become confused and disconnected. LSD trips have four ‘rough’ stages (onset; main phase; peak phase; and re-entry phase) each lasting about one to three hours. These stages are briefly described below:

Onset includes physical effects (e.g. nausea, salivation, faster pulse, twitches, pains, blurred vision) and a release of emotional tension – repressed feelings can surface, leading to crying, etc.

The main phase involves visual effects including colours/forms trailing from moving objects, and psychedelic patterns; other people may look beautiful, comical or terrifying; synaesthesia may occur (e.g. seeing music and hearing pictures).

Peak phase, by this time, moods may swing from euphoric to anxious, and a sense of time becomes distorted. Sense of identity may change or disappear (ego death, rebirth), as altered states of consciousness/delusions take hold (e.g. telepathy, Zen states, out-of-body feelings).

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Re-entry stage. In this final stage, is a gradual return to a normal state of mind that comes in waves, with feelings that the trip is over being suddenly replaced by a wave of psychedelia. Users are often philosophical, a little sad or quiet during this phase; some report fatigue and headaches.

How does LSD affect feeling and emotions?

At the start of a trip many people experience an emotional phase in which recent bad feelings and repressed memories spill into the conscious mind from the unconscious. This may be the mind's way of clearing away 'mental baggage' before plunging the person into the main part of the trip. During this phase, feelings of guilt, shame and regret are common. Some people become quiet and moody, others distract themselves with conversation or other things, while the most 'screwed up' people may talk or cry about dead loved ones, ex-partners, failed plans, etc.

In the main part of the trip most people experience powerful feelings – particularly intense joy or happiness (euphoria), and moments of cosmic comedy and laughter. But any other emotions experienced during a trip may also be intensified – surprise can turn into amazement, and amusement into hysterical laughter, but fear can also turn into panic, or sadness into despair. Experienced trippers – psychonauts – take care to assess whether their feelings on a trip are appropriate to the situation and under control, or whether they are over-reacting to events. Sexual and aggressive urges from the unconscious mind can also be affected – some users find that psychedelics help them overcome hang-ups or to become more sexually adventurous, while many users report increased feelings of both love and/or sexual arousal.

Emotional experiences also occur at the end of a trip as normal consciousness returns, especially mixed feelings and sentiments – joy and sadness, hope and despair, confusion and understanding. Many people also feel differently about themselves, friends/lovers and other things they may have been taking for granted. Psychedelic trips have been called ‘cathartic’ – meaning that they can help you face problems, clear out ‘emotional baggage’, and revitalise the mind. It is worth spending time reflecting on the trip, because memories of such strange experiences quickly fade.

USER ACCOUNT: LSD trip of a 25 year old man. London.

“I had been tripping all night with friends, but just at the point where the sun was rising, the trip was fading, and everyone was falling asleep, for some reason I took another handful of acid blotters. The trip kicked right back in, and as I sat there alone looking at the snoozing faces of my friends on the floor and the sofa, I could not tell if their eyes were shut or open, whether they were smiling or frowning, or whether they were snoring or talking to me. If I looked at one face for long and hard enough, I could make it seem as if any expression I imagined was there. If I shut my eyes, I could still see them almost perfectly, and ‘make’ them talk as well! At one point, I started wondering if I could just feel any emotion I wanted to, so I went through a list of emotional words in my head – surprise, disgust, happiness, sadness, fear, anger, guilt, shame, pride, and so on – and as I thought of each one, the feelings associated with them blasted through my mind as real as I have ever felt them. It was like swiftly browsing a catalogue of emotions, and I eventually just broke up into hysterical laughter. Then, I did the same thing thinking

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about different smells, until one nasty one ‘stuck’ and it made me retch. I got to thinking that the mind was like a huge computer, with consciousness corresponding to the keyboard/mouse and monitor, and the rest of your mind corresponding to the stuff going on in the box/case. The more I thought about my thoughts being like running computer programs, the more they seemed to feel like logical instructions being exercised on some device...”

What are LSD hallucinations like?

Perception is the process by which your mind interprets sensory information about the world around you from your six sense organs: eyes (vision), ears (hearing), nose (smell), tongue (taste), inner ear (balance), and skin/body (touch). Hallucinations can affect all of these senses. There are two main types of drug effect on perception, distortions (minor changes) and hallucinations (major changes):

Distortions (or ‘illusions’): these are subtle, specific changes in perception which do not warrant the label of full hallucination – including intensified colours, distortions in size/distance, sounds seeming louder/quieter, objects seeming heavier/lighter or warmer/colder, smells/tastes seeming weaker/stronger, etc.

Hallucinations: most people associate tripping with visual hallucinations – but not all mind-bending drugs cause hallucinations; their frequency varies from trip to trip, and some people have them more than others. Hallucinations involve general changes in the overall content and meaning of a perception – for instance, seeing the branches of a tree as arms reaching towards you; or hearing words in the noise of the wind. One important distinction is between true hallucinations – when the person believes it to be real rather than a drug effect – and pseudo-hallucinations – when the person

knows their perception is caused by the effects of drugs. Another important distinction is between partial and total hallucinations. A partial hallucination involves perceiving something partly differently, but with the hallucination being linked to the original object/scene – for example, a sleeping person appearing as if they are looking and smiling at you. A total hallucination involves perceiving something that has no external reference point at all – for example, seeing someone on an empty, made bed, when there is no one there at all. True hallucinations and total hallucinations are fairly rare on LSD. That is, LSD mostly produces partial pseudo-hallucinations – changes in perception linked to the external environment, and which the user knows are caused by the drug.

What types of hallucinations are there?

Hallucinations can affect all of your senses (sight, sound, touch, smell and taste). Bizarrely LSD can even mix them up (known as synaesthesia), so that you have an experience of seeing sounds or hearing colours. The following are examples of types of hallucination:

Sight – Visual hallucinations can include: Replication of objects (seeing more than five fingers on a hand); Trails of colour (like an old ‘Dr Who’ title effect); Size distortion (things seem bigger or smaller); Colour and light intensification (things seem redder or brighter); Depth distortions (things seem closer or further away).

Sound – Auditory hallucinations can include: Volume distortions (things seem louder or quieter); Distortions of tone (sound has more bass or treble); ‘Hearing’ voices (e.g. being told you are ‘the chosen one’); Enhanced musical perception (music sounds better); Enhanced distance hearing (can hear footsteps outside in the street).

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Touch – Tactile hallucinations can include: Formication (e.g. it feels like bugs are crawling underneath your skin); Hot and cold sensations (for no apparent reason); Feelings of floating or heaviness;

Smell and taste – These hallucinations can include: Food and drink tastes bland or strange; unusual or unlikely smells in the air.

USER ACCOUNT: LSD trip of 15 year old man - Manchester.

“...I had been grounded by my parents for being caught smoking pot in the entry with my mates, and I had not been out for four weeks. One Sunday morning, my Mum relented and said ‘You can go round to your friend Dave’s house for a couple of hours, but be back for Sunday dinner at 1pm’. Dave’s parents were away until Monday evening, and all my mates were there taking acid and having fun. I started feeling left out, and when someone held a blotter of acid right in front of my face, on the spur of the moment I grabbed it and swallowed it. Half an hour later things started feeling wobbly, and I was soon tripping off my bonce. I remember spending ages staring at a lava lamp, and thinking it was the most fantastic thing I had ever seen – as the globules moved, they left trails of colour behind them. Then I saw my mate Dave, who looked like he was floating rather than walking, but I couldn’t make out what he was saying. Then suddenly things became ‘clear’, like the sun had broken through the clouds for a few moments, and I could hear Dave saying to me ‘You have to be back home in five minutes’. For some reason, I didn’t feel panicky, but calm and confident – I was in a real solid ‘acid groove’, and felt that I could get away with anything. As I walked in through the front door of our house, I suddenly realised I could not remember the journey home, but realised I had better concentrate on what lay ahead. I sat down at

the dinner table with my parents and sisters (aged 10 and 12), trying to look and act casual. But then my Mum put a plate full of roast beef and vegetables down in front of me, and as the heat and smell hit in me in the face, I realised that I had no appetite at all, and the room seemed to shrink and get airless. This horrible feeling of being trapped came over me, I had huge urges to be free and just do what I want, but had to sit at this fuckin' table and eat food. The noise of metal cutlery scraping on plates and teeth chewing food seemed far too loud and was grating on my nerves, and my Mum was starting to look at me suspiciously, but all I could think about was that the half-chewed food in her mouth looked like clothes going around in a washing machine. I picked up my knife and fork, and as I looked at my food for the first time, it was like looking down onto the surface of some faraway alien planet, with forests of strange trees (broccoli) and vast mountains covered in brown snow (spuds in gravy). At one point, I could see a city (pea) nestling in a valley between two mountains, and if I really concentrated I could make out microscopically small trains and trucks moving across the city. A wave of anxiety passed through me, and without thinking, I looked up and said 'Can someone cut my peas, they're far too big'. My sisters started sniggering and my Dad continued chomping away, but without warning, my Mum jumped up and started whacking me around the head with a rolled up magazine, shouting 'Go to your room, you've been taking those bloody drugs again'.

Hallucinations that people sometimes seek when tripping include looking at someone else's face or their own face in the mirror for a long time (they may 'see' the face morph into various other faces), or closing their eyes and listening to music (they may get their own sound-sensitive visual display). Some groups of trippers also like to play tricks on each other, to see if their friends can distinguish

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between reality and hallucinations – for instance, pretending to watch the television when it is turned off; moving the furniture around the room while they are out (if you are tripping on your own and this happens, you're in big trouble).

How does LSD 'alter consciousness' and change thinking?

LSD often leads to abstract, deep thinking – especially philosophical, spiritual, religious, supernatural, mystical and magical ideas. Thinking is more lateral than logical, with ideas connecting up in unusual ways. On LSD, thinking about words like 'infinity' and 'eternity' can be mind-blowing. New users especially can be overwhelmed by the raw 'in yer face' beauty of creation/the world, and the immensity and complexity of life, the universe and everything.

Some people find that LSD gives them personal 'insights' about themselves or friends, some become 'captured' by a single thought or idea (from 'beer' to 'eternity'), but it is more likely that cascades of thoughts and feelings rush through the mind, often resulting in 'acid babbling'. Others develop their trip-based experiences into artistic or literary efforts (e.g. *Lucy in the Sky with Diamonds*). Some people are so affected by LSD trips, that they change their whole life afterwards – such as Timothy Leary. Be warned!

USER ACCOUNT: LSD trip of 30 year old woman - Wales.

"...Me and my lover Rob had been tripping for hours, and had developed this almost telepathic understanding of what the other was thinking and feeling. We were walking along the beach in the moonlight, and it felt like the Dawn of Creation and the Centre of

the Universe, and we just kept looking at each other knowingly, and not speaking. The moonlight made his face look ghostly but child-like, and when he smiled shivers went down my spine. He was softly squeezing my hot hand and it felt like an electric current was passing between us, and my love for him felt massive like a galaxy, it was almost too huge to bear. The sky looked like a black sheet with tiny holes in it where the light was blazing through from the face of God. The sea looked indescribably strange, and the crashing of the waves sounded so amazingly soothing I was nearly crying with pleasure, and I couldn't believe I hadn't noticed how beautiful everything was before this intense moment. It was like everything that had ever happened led to this time and place, and that the mysteries of the universe were about to be revealed, and all of this was so right. Then, in the distance, I saw an old man gliding towards us with a dog on a lead. As they got closer, I looked hard into the dog's face and felt like I was hearing his thoughts: the dog was thinking 'Those human beings are strange, they are not like the others'. As we walked past, I smiled and said innocently 'Your dog is thinking about me' – Rob laughed, but the old man pulled away and shouted 'Clear off or I'll get the police'.

What does LSD do to the user's sense of self?

We generally think of our 'self' as a whole – when our 'self' is actually made up of many different parts and divisions. Simplest of all, we have a physical self (body) and mental self (mind). A common experience while tripping on LSD is that your mind has split into two parts – the part that does things, and the part that watches or judges the first part. Also, LSD opens the floodgates between the unconscious mind and the conscious mind, which can produce a schizophrenic-like disintegration of personal identity, which some people find fascinating, and others find terrifying (see: Bad Trips).

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Other bizarre experiences include not knowing where your physical or mental self ends, and where other people's bodies or minds begin. Trying to work out who you are during the peak phase of a trip can be like trying to focus on your reflection while spinning round in a hall of mirrors.

Health, harm and unhappiness

What is a bad trip?

A 'bad trip' is an umbrella term for frightening or confusing experiences while tripping. Some bad trips are simply caused by scary hallucinations (e.g. seeing 'monsters') or overwhelming confusion, while others are based on an outpouring of 'repressed emotion' (bad feelings you have squashed to the back of your mind in the past because you could not deal with them). But perhaps the main trigger of bad trips is 'ego loss' – the dissolving of personal identity and the everyday sense of who you are. Distortions in ego and self-awareness are for some people an unexpected experience, which they find as terrifying as biological death. Bad trips are fairly rare, and although they can happen to experienced psychonauts they are more likely when someone is: taking a first trip; anxious about taking drugs; in an unusual setting; feeling moody/upset; or exposed to something unexpected. A bad trip is very likely when someone has been 'spiked' (been given drugs without knowing/wanting it) – they may well assume that they have gone mad. It is a criminal offence to administer a drug to someone without their consent.

USER ACCOUNT: Bad LSD trip of 20 year old man - Manchester.

“...In 1990 I was working in a ‘rave’ nightclub as part of a team of drugs workers hired to help customers with drug problems. About midnight, a bouncer came over and said ‘You’re one of the druggie workers, aren’t you? We’ve got a feller in the foyer who has had some bad drugs or something’. I went out to the foyer and saw a terrified looking lad in his late teens kneeling under a table, looking up at the confused looking bouncers standing watching him. Coming down to his level but staying a few metres back, I explained who I was and asked him what his name was. Eventually, after much babbling, it became clear his name was Steve and that he had taken his first dose of LSD (several blotters, in fact) about four or five hours earlier. His main worry was that he was dying, and that the bouncers were somehow causing it. Eventually, the bouncers had decided Steve was just trouble rather than ill, and one came over and loudly stated that ‘If you can’t sort him out or shut him up soon we will have to call the police’. On hearing this, Steve got really panicky, and told me that his Dad was a policeman, so he couldn’t face the police. Another drugs worker, Alan, who had been unable to locate Steve’s friends, suggested that we take him to his house just up the road. Realising the situation, Steve came with us, and calmed down for a while in the car, but as soon as we got into the house a few minutes later, he ran half way up the stairs, sat down, and started screaming at us to keep away. After asking him a few questions, it became clear that he thought Alan was the Devil, and that the only way he could protect himself was to stay on the seventh step of the stairs. Alan went into the living room, and I stayed in the hall at the bottom of the stairs trying to talk to Steve about ordinary things.

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He told me had a girlfriend, but kept crying whenever her name came up, and saying that he did not want her to know that he was dead. He asked me several times 'Am I in Hell?' or 'Is this Hell?' interspersed with stuff about his girlfriend and Dad. He was virtually chain smoking cigarettes, but kept asking me for another one even while he was smoking one. When cars went past outside, he would often look like he had no idea what the noise was, and would hold his arms up to protect his face when headlights moved along the hall wall. After about an hour, the babbling eventually gave way, and quite suddenly, he stood up looking embarrassed and said 'I'm sorry about all that, could you take me back to the club now?'

How should a bad trip be dealt with?

What causes a bad trip to spiral out of control into a full-blown psychotic episode is: PANIC – uncontrolled anxiety and fear. **DON'T PANIC.** Allowing yourself to become panicky when tripping is like trying to escape from a Chinese finger puzzle by pulling – the more you pull the tighter it gets. When hit by panic, you should tell yourself that you are in control, even though your head may have some bad feelings in it right now, like most feelings they will naturally subside if you don't focus on or worry about them. Some people on a bad trip find that going over these things in their mind, or thinking of pleasant things/events, is enough to contain or stop panicky feelings – though other people need more than self-assurance.

Taking a mind-bender on your own is not advisable as it means that there are no friends to reassure you if it goes a bit pear-shaped. Having said that, if your friend is tripping they may not be in the best position to help. When taking a 'new' drug (for the first time) it's better if one friend remains straight – called 'ground control' or your 'guide'.

If you stumble across a stranger having a bad trip (in a club or at a festival), it is best to locate their friends – strangers can seem very intimidating on a bad trip and spending the night trying to calm down someone you've just met is not most people's idea of fun.

If friends start to have a bad trip, take them to a quiet place, preferably a room in a house that they know, and reassure them that they are not in danger and that they will be fine in a while. It is best to turn off any TV, radio or music-players. If they insist on seemingly strange but harmless actions – such as hiding under a table or sitting on the seventh step of the staircase – go along with it, as long as they are not doing anything dangerous and it makes them feel safer/better. On the other hand, some people find that walking is the best way of unloading nervous energy. This is fairly safe in the countryside, but far less safe in towns/cities. If, for whatever reason, you do end up walking around with someone having a bad trip, be sure to keep a close eye on them (as you would with a child), particularly when crossing the road or interacting with other people.

Having got them into a quiet room or other suitable place, keep talking to them and asking simple questions, repeating the question calmly until they answer – it's best to distract them from their own internal thoughts and feelings. You may have to reassure them several times they are not dying, that they are still the same person, that they are not in hell, etc. If they seem very disoriented or confused, get them to focus on what you are saying, and remind them that they are under the effects of a drug, which will wear off soon. If they seem confused about who you are, or who they are, ask or tell them your/their name, and talk about ordinary things familiar to you both (e.g. keys, shoes). People on bad trips can become paranoid very quickly – so try to stay in the same room as them,

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avoid leaving their sight unless you have to, and don't talk privately to other people in the room. Whatever you do, don't insist that they do anything, or try to make them do anything without their consent. Usually, they will calm down and recover within an hour or two – and be extremely embarrassed afterwards that they caused so much trouble for everyone.

Don't give them any alcohol, drugs, food or vitamin pills, though if they smoke cigarettes it's OK for them to do so, but keep an eye on them. If they are thirsty, they should be given water to sip. Some users believe that coming off a bad trip requires a major tranquilliser such as chlorpromazine (known as 'liquid cosh', and used to sedate schizophrenics and manics in mental hospitals). Though this 'works', it is not usually necessary – for instance, a small dose of a minor tranquilliser such as diazepam (i.e. a single 5 mg Valium tablet) is enough to end most bad trips – though medicating a bad tripper should be left to doctors.

If the bad tripper shows signs of becoming more agitated and panic-stricken – for instance: panting (hyperventilating), or constantly pacing, shaking, or crying – try to get them to breathe in and out of a paper bag. It's important that you let them do this – if you do it, they may become confused about what you are doing ("you're trying to kill me!"), and if they do it, it gives them something to focus on. This will reduce any hyperventilating, and help them to calm down. If they still don't calm down, and start to behave in a way which may be dangerous to themselves or others (e.g. repeatedly saying they are going to jump from a window), they can be taken to a hospital. They may be given sedation, and released when they are feeling better (if you are over 18 years old, it is very unlikely that the police will be contacted by the hospital). But you should remember that having strange doctors prod you with instruments and ask you questions

while in the ravages of a bad trip may make the whole thing worse. Unless it is upsetting, it is best to discuss a bad trip with friends as soon as possible afterwards, because memories of such weird experiences tend to fade quickly. Bad trippers should be particularly cautious about taking LSD or other trippy drugs again.

Does Vitamin C bring you down off a bad trip?

Though there is a widespread belief among drug users that taking Vitamin C (e.g. orange juice) will bring you down off a bad LSD trip, there is no hard scientific evidence for this.

What are flashbacks?

'Flashbacks' are experiences in which people who have previously taken LSD suddenly feel like they are back in the trip again. Known to doctors as 'post-hallucinogen perceptual disorder' (PHPD), flashbacks tend to occur suddenly without warning, though are usually fairly short lasting (seconds to minutes). Typically focused on hallucinations or altered states of consciousness, they usually occur within weeks or months of a trip, but can occur years later. They can be triggered by similar experiences (e.g. smoking cannabis), fatigue, or may arise without apparent cause. Some people find flashbacks very scary (particularly re-experiencing bad trips) while others see them as a free mini-trip – though it often depends on the situation in which the flashback occurs. Although most occasional users never experience flashbacks, research shows that they become more likely as more trips are taken.

The important thing to remember is that they are a psychological phenomenon – a powerful memory – it is NOT bits of drug left in your system having an effect.

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Is LSD habit forming?

LSD is not physically addictive, meaning that regular users do not experience a withdrawal syndrome when they stop using (as alcoholics and heroin addicts do). Furthermore, psychological dependence on LSD is extremely rare, partly because tolerance kicks in so quickly. Craving for LSD is fairly unlikely, particularly compared with other hallucinogens such as cannabis, ketamine and ecstasy. In fact, LSD has been investigated as a form of treatment for overcoming addiction to drugs – notably alcohol and opiates – though it's never 'caught on'.

Can LSD cause psychosis (make you go mad)?

LSD psychosis is said to occur when someone experiencing a 'bad trip' does not return to normal afterwards, or when someone starts to act strangely in the days that follow the trip. But the majority of cases of LSD mental health problems involve people with a personal or family history of mental disorder, though a minority are based on frequent or heavy use by people with no history of mental health problems. People with LSD psychosis experience disturbed, confused thinking and paranoid delusions ('They are out to get me', 'I am the Son of God'), feel either excitable or emotionally flat, and experience hallucinations of all types. The symptoms are similar to paranoid schizophrenia – except that they usually clear up after a few weeks or months, as long as the person stops taking the drugs.

Tripping can also lead to other mental health problems apart from 'drug induced psychosis'. A small proportion of people who take LSD feel anxious or depressed for days or weeks afterwards – if so, they may benefit from counselling and psychotherapy, because it is possible that they have lost confidence, or reduced the effectiveness of their coping skills.

Does LSD damage the brain or body?

Since the 1960s, numerous claims have been made about LSD causing damage to the brain, chromosomes, eyes, liver and other parts of the body, though all have been rejected as more political than scientific. In short, there is presently no acceptable evidence that use of LSD damages physical health. Various myths still circulate about the harmful effects of LSD, and many of these can be traced back to fictional stories published by newspapers in the 1960s and 1970s. For instance, the myth that LSD can make you go blind probably originates from a totally invented story published by US newspapers in the late 1960s, which held that six young men had gone blind on LSD – from staring at the sun while ‘drugged out of their minds’.

Hospitalisation for LSD ‘poisoning’ is also fairly rare. 20 to 60 a year in England. Most if not all of these cases are likely to have involved psychosomatic signs and symptoms (vomiting, body pains) arising from ‘bad trips’

Can LSD kill?

LSD has an exceptionally low toxicity. LD50, the lethal dose for the average person, is 14 mg – 140 times greater than the standard 100 microgram dose – making the possibility of fatal overdose almost non-existent. There is only one known case – a man who injected 320mg (over 3,000 doses). Though there was the case in 1962 of ‘Tusko’ a 14 year old resident at Oklahoma City’s Lincoln Park Zoo, who was killed after being shot with a dart containing 297mg of LSD as part of a ‘scientific experiment’ to see what effect LSD had on the male Asiatic Elephant.

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The total number of deaths attributed to LSD in England and Wales in the decade ending 2002 was four. In short, LSD deaths are very rare, averaging one every two or three years – typically due to accidents.

What are the rules for safer LSD use?

Avoid criminalisation: by not carrying LSD in public; and avoid charges of intent to supply by not possessing more than a few doses at a time – and by remembering that supply means ‘giving to friends’ as well as dealing.

Store drugs safely: don’t leave LSD in containers or places where others – especially children – might unwittingly pick them up and mistakenly swallow them (e.g. sweet bags, coffee tables, refrigerators). Also, LSD is particularly sensitive to exposure to light, heat, air, and moisture over time (as well as pollutants in the last two) which reduce its potency.

Prepare your mind and body: it is best to prepare mentally for a trip. At the very least, you should be sure that there is nothing on your mind, which you are worrying about. Better still, discuss or plan the trip with your co-trippers, particularly what you would like to get from it or ‘do’ on it. Breathing exercises before and during the trip are good preparation, as are meditation, yoga, martial arts, tai chi, and related disciplines.

Select a suitable set/setting: only take LSD when in the right set (e.g. good mood) and setting (e.g. spare time, right place). Tripping with a small group of friends is preferable to tripping alone, with strangers, or with people you don’t like. The safest place to trip is in your or a friend’s home, or else in a rural area – tripping in city streets or nightclubs can be dangerous and scary.

Never ‘spike’ anyone: with LSD, even friends. You may cause temporary or permanent mental health problems, or the victim could seriously hurt themselves while intoxicated but unaware of it (e.g. if they drive). ‘Spiking’ is also a criminal offence (administering a noxious substance), and could lead to prison.

Take the right dose: try to find out how strong a particular batch of LSD is by asking the supplier – or preferably others who have taken it. If in doubt, take half of a standard dose – “you can always take more but you cannot take less!” The ‘ceiling’ for effects from LSD is about 500 micrograms – in other words, with 100mcg tabs/blotters, there would be no point in taking more than five. About once a year to once a month is the typical range for how often LSD is used – people who trip weekly or more often are not giving their minds and bodies enough time to properly recover. Mixing LSD with some other drugs may be risky, particularly alcohol – being drunk while tripping is really messy (you may forget you are tripping).

Don’t drive or operate machinery: or take part in any risky sports or activities when on LSD. Also, avoid fire (be careful with cigarettes) and water when tripping – don’t get in the bath or go swimming, because more than a few people have drowned this way.

Look out for friends: when tripping, especially at parties/clubs. Help any friends who react badly to the drug – tell them (or yourself) not to panic during a bad trip (see ‘Bad trips’). When taking a ‘new’ drug (for the first time) it’s better if one friend remains straight – called ‘ground control’ or your ‘guide’.

Help the physically ill: if a friend should become unconscious while tripping, put them in the recovery position (illustrated) and use First Aid if you are trained. If they don’t come round quickly, or show other serious symptoms – like fits or high fever – call an ambulance.

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Carry condoms: and practice safer sex when you are tripping. The hippies certainly had a lot of sex on LSD, and ecstasy can make you think you have fallen in love at first sight. Also, LSD can affect erections in men (stopping you getting or keeping a hard-on) and vaginal lubrication in women – so water-based lubricants are also useful.

Wait and contemplate after the trip: don't make any important decisions about relationships, work, life etc. for a while, particularly if they relate to the trip experience – talk to friends about things, and wait until your head is firmly back on your shoulders (it can take a few weeks to straighten out). Some groups of users, without reading intellectual ideas about psychedelia in academic books, develop their own concepts and language for describing and discussing their trips.

Seek help for long-term problems: if mental disturbances continue beyond the trip – particularly for more than a few days – or you suffer from any other health problems, you should consider seeking professional help (e.g. GP, psychotherapist, counsellor). Seeking help for flashbacks is not necessary unless they are regular and very upsetting.

The Recovery Position





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[>] aims
To provide information on the nature and effects of LSD in a question and answer format.

[>] audience
Adults and young people engaged in recreational drug use. Use with under 16s with support.

[∨] content
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