UNDERSTANDING YOUR DIAGNOSIS

Problem Hallucinogen Use

Also called Other Hallucinogen Use Disorder

Psychedelics have started causing real problems in your life. That can be treated, and most people do get past it.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 1,000 adults	Teens to early 20s	Yes - most people stop	Hundreds of thousands in US

What this is

- This means using psychedelics, such as LSD, mushrooms, or MDMA, keeps causing problems you have not been able to stop.
- There is no physical withdrawal from these drugs. The diagnosis is about harm and lost control, not shakes or sickness.
- It is a health condition, not a character flaw. Plenty of people start out curious and still end up in trouble.
- Supervised research studies with psilocybin are not the same as street supply. What you buy is often not what it says.

What it can look and feel like

- You use more often, or in riskier places, than you planned, and the limits you set for yourself do not hold.
- Getting the drug, using it, and recovering afterward is eating into school, work, or the people you care about.
- You have kept using after a frightening trip, a trip to the hospital, or a fight that would have stopped most people.
- Your usual amount does less than it used to, so you take more, or you take it again sooner than you once did.
- Flat, low days follow the good ones, often midweek after a weekend, and that dip is getting harder to ride out.
- You use to get away from stress, sadness, or boredom, rather than for the experience itself.
- You see trails, halos, or afterimages long after the drug is gone, and you worry they may never go away.

What is happening in your brain and body

- Classic psychedelics act on serotonin, a brain chemical, and loosen the filter that sorts what you see and hear.
- MDMA releases a large amount of serotonin at once, which is why the high feels warm and the days after feel empty.
- Tolerance builds fast. After about **3 days** in a row these drugs stop working, and they reset after a break.
- They do not flood the brain's reward system the way stimulants and opioids do, so there is no withdrawal to treat.
- Lasting trails and halos have a name: hallucinogen persisting perception disorder. It is not psychosis, and it fades.

What can make it more likely

- Curiosity, a search for meaning, and friends who use are the usual doorways here, not craving the way alcohol works.
- Starting young matters. A teenage brain is still wiring itself, and early use raises the odds of later problems.
- Stress, trauma, and low mood turn the odd weekend into a way to escape, and that is where use starts to take over.
- If schizophrenia or bipolar disorder runs in your family, these drugs can bring a first episode on sooner.

What to expect

- Most people stop, on their own or with brief help. Long-running daily use of these particular drugs is uncommon.
- Bad trips end. They are frightening and can last hours, but they pass, and they do not mean you damaged your brain.
- Visual changes after use usually settle over months. Cannabis and stimulants reliably make them worse, so skip both.
- If you use other substances too, treating those alongside is what makes the whole plan hold together.

What helps

Treatment works. Most people get better.

Talking therapies

- **Motivational interviewing** starts from what you value. It fits well when you are not sure you want to stop yet.
- **Cognitive behavioral therapy** works on the places, people, and weekends where use happens, and builds other plans.
- **Contingency management** gives small rewards for drug-free tests, and it works especially well for young adults.
- For lasting visual changes, a clear explanation and steady reassurance are the first treatment, and often the only one.
- If you are a teenager, family sessions help more than solo work, because the friend group drives most of the use.

Medicines

- No medicine treats this use disorder itself. Medicines are for the rough moments and for anything underneath it.
- A bad trip is treated with a quiet, dim, calm room and, if needed, a short-acting **benzodiazepine** to settle panic.
- **Antipsychotics** are usually avoided during a trip, because they can drag the bad feeling out even longer.
- For lasting visual changes, **lamotrigine** or **clonazepam** have helped some people in published case reports.
- Tell your prescriber about MDMA before you start an **antidepressant**. Mixing them can cause a dangerous reaction.

Everyday things that help

- Never use alone. Someone sober who knows what you took can get help before a scare becomes an emergency.
- Street pills and blotters are often cut with fentanyl or NBOMe. Test strips and a small test dose save lives.
- With MDMA, overheating and drinking too much water are both dangerous. Take breaks, cool off, and sip, do not gulp.
- Protect your sleep and eat properly in the days after. The midweek crash is far shorter when you are not depleted.
- SAMHSA's free helpline, **1-800-662-4357**, finds treatment near you at any hour, in English or Spanish.

Get help right away if

- Call 911 for a high fever, a seizure, stiff muscles, confusion, or a racing heart after using.
- Get emergency care for headache, vomiting, or confusion after drinking a lot of water on MDMA.
- If you feel hopeless or think about ending your life, call or text **988**, or go to the nearest emergency room.

Questions to ask your care team

- *Are the visual changes I am having permanent, and what makes them better?*
- *Which of my medicines could react badly with MDMA or mushrooms?*
- *Should I be checked for depression or anxiety underneath the drug use?*
- *What do I do if I use again, and how soon can I get back in to see you?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.