

# Hallucinogens

Hallucinogens, a group of drugs that cause mind altering effects, have been commonly used for religious rituals around the world for centuries, although several hallucinogens are illegal in the United States. In recent months, “magic mushrooms” or psilocybin, a popular hallucinogen, has gained attention as activists in Denver are hoping to decriminalize the use of the drug and Oregon is hoping to vote on the legal use of psilocybin for medical use in 2020 (Denver Post). Overall, teen use of hallucinogens in the United States has been low in recent years compared to other drugs like marijuana and alcohol. According to the National Institute on Drug Abuse (NIDA), 6.6% of 12th graders reported using a hallucinogen in their lifetime, compared to 43.6% that reported using marijuana in their lifetime. The increase in public attention hallucinogens are receiving is concerning.

Hallucinogens are drugs that are made from plants, plant extracts or are human-made. Hallucinogens are commonly divided into two different types, classic hallucinogens and dissociative drugs. Both types effect the user’s ability to think, communicate and interpret reality in a rational way. Classic hallucinogens cause extreme emotional swings, distort perception of time and, at times, can make the user feel frightened by their environment. Dissociative drugs can cause the user to feel “out of control and disconnected from their body and environment” and can cause respiratory depression and heart rate abnormalities (NIDA). Other physiological effects may include increased blood pressure, elevated heart rate and dilated pupils. Deaths directly related to classic hallucinogen use are rare, instead deaths occur due to accidents, dangerous behavior or suicide caused by the drugs’ effects. An overdose of PCP or ketamine, two dissociative drugs, can cause seizures, coma and respiratory arrest (DEA).



**There are a several hallucinogens, but the most common classic hallucinogens are:**

LSD, also known as acid, tabs, blotter or sugar cubes, is a clear or white odorless water-soluble compound produced in labs. LSD can be made into tablets or diluted in alcohol or water and sold in liquid. LSD is most commonly soaked on paper and sold as “blotters”. Hallucinations, mood changes and changes to the user’s perception of time, space and other factors of the environment will begin within an hour. Flashbacks from the experience can last for days or weeks.

Psilocybin, also known as magic mushrooms or shrooms, is derived from mushrooms found in the tropical regions of South America, Mexico and the US. Psilocybin is commonly dried or eaten fresh by it self or with food or tea. The effects on the body are similar to LSD, but can also cause panic attacks or psychosis at high doses. It may also cause vomiting or muscle weakness.

**The most common dissociative drugs are:**

PCP, also known as angel dust, ozone, rocket fuel, hog or superweed, was developed as a general anesthetic in the 1950s. PCP is sold as a tablet, powder or liquid and can be snorted, smoked, ingested or injected. Some users sprinkle PCP on marijuana or tobacco before smoking. High doses can cause violent behavior, suicidal thoughts and behaviors, seizures or coma.

Ketamine, also known as K or special K, is used as an anesthetic for humans and animals. The drug is manufactured as an injectable liquid, but is commonly found in powder or tablet form on the streets. Ketamine is often combined with MDMA, marijuana, amphetamine or cocaine. It has been used in sexual assaults by slipping the drug into the victim's drink. It can cause hallucinations, but is not as long lasting as other hallucinogens. Users often feel relaxed and disconnected from body and pain.

Another popular drug that is considered both a hallucinogen and a stimulant is MDMA, also known as ecstasy or molly. Like other hallucinogens, MDMA is available as a tablet, powder or liquid (pictured above). MDMA is a synthetic drug that distorts the senses and increases energy levels and feelings of pleasure. MDMA is commonly used by youth at parties. The drug is often mixed with alcohol, marijuana or other substances. The effects usually last 30 minutes to 6 hours, but can last for weeks. Studies have linked MDMA to long-term memory and learning problems. Common psychological effects include anxiety, paranoia, sleep problems and confusion.

Most hallucinogens are Schedule I under the Controlled Substances Act, except for Ketamine and PCP, which are Schedule II and III respectively because of the accepted medical use of the two drugs. Evidence shows that hallucinogens can be addictive and can cause withdrawal symptoms. Hallucinogens can cause serious short-term and long-term effects that can result in harm at any age. To learn more about hallucinogens, use the links below:

<https://www.drugabuse.gov/publications/drugfacts/hallucinogens>

<https://www.drugabuse.gov/publications/research-reports/hallucinogens-dissociative-drugs/why-do-people-take-hallucinogens>

[https://www.dea.gov/sites/default/files/sites/getsmartaboutdrugs.com/files/publications/DoA\\_2017Ed\\_Updated\\_6.16.17.pdf#page=72](https://www.dea.gov/sites/default/files/sites/getsmartaboutdrugs.com/files/publications/DoA_2017Ed_Updated_6.16.17.pdf#page=72)

<https://www.denverpost.com/2019/02/19/psychedelic-mushrooms-denver/>



## Safer Schools & Threat Assessment

Over recent years, schools have been promoting a supportive school climate through school-wide behavioral expectations, caring school climate programs, positive interventions and supports, and access to mental and emotional therapeutic services to help make schools safer.

- Schools have, or are implementing, programs and lesson plans that emphasize and teach students conflict resolution and positive interpersonal relationship skills using social-emotional learning programs such as Second Step.
- Schools review and update violence prevention programs, such as the school bullying and suicide prevention curriculums.
- Schools also, often times, give students a voice by encouraging students to take an active role in maintaining a safe school environment, including student participation in safety planning and action plan development.

Yet, due to the frequency and seriousness of school shootings, schools have also begun to take additional steps and precautions in an attempt to continue to provide safe and healthy learning and teaching environments.

Protecting and safeguarding schools is vital for students, teachers, and administrators, as well as the greater community that a school serves.

These days, many schools have, or are in the process of, implementing a threat assessment process program.

A threat assessment program in a school is a violence prevention plan that involves the following steps:

1. Assembling a comprehensive threat assessment team within the school.
  - Threat assessment teams should have a selected leader and the team should include teachers, school counselors/social workers, coaches, resource officers, health professionals and school administrators.

- School policies should clearly describe threat assessment team roles and responsibilities
2. Identifying student threats to commit a violent act.
    - Threat assessment programs should have a referral and reporting system set up for students, school personnel, parents and other community members to utilize so that they can share information about possible dangers and threats. The reporting systems should allow for reports to be made anonymously.
  3. Determining the seriousness of the threat.
    - List and explain the types of information that will be gathered and the procedures that will be followed and tracked from start to finish of the threat assessment inquiry or investigation.
    - The threshold for intervention should be low to ensure potential threats are assessed.
    - Develop intervention plans that protect possible targeted students, teachers and other school personnel.
  4. Addressing the underlying problem, issue and/or conflict that triggered the threatening behavior
    - Successful management of a threatening situation takes time and effort. Having in and out of school resources and services that provide support, guidance and possible treatment can help the student of concern work through and solve his or her problems.



[scipnebraska.com](http://scipnebraska.com)

<https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/school-violence-prevention>

[https://www.secretservice.gov/protection/ntac/.](https://www.secretservice.gov/protection/ntac/)

<https://www.campussafetymagazine.com/safety/threat-assessment-in-schools-guide>

# Youth Risky Behavior and Thrill-Seeking Games



Compared to adults, adolescents are more prone to take risks. While we often associate negative behavior with risk taking, it can be a healthy part of growing up within limits. Healthy risks, such as engaging in a behavior or activity that challenges one physically, socially, personally or academically, can help adolescents find their identity and even be a source of stress relief. Engaging in discussions with youth and educating them on the consequences of unhealthy risk taking should be part of ongoing conversations both at home and at school. Some of the more obvious risk-taking behaviors that we make efforts to educate our youth on include the use of drugs and alcohol, social media safety, safe driving practices and engaging in healthy and safe relationships.

Over the past decade, we have seen an ongoing need to educate kids and teens on risk-taking behavior which includes thrill seeking challenges or sensationalized “stunts” that go viral on YouTube or other social media sites. These challenges can vary, but one of the more highlighted challenges that continues to be a concern amongst school age children and teens includes the Choking Challenge. Also referred to as the Pass Out Challenge, Blackout, Scarf Game or Fainting Game, the Choking Challenge has been attributed to accidental deaths all over the country. The purpose of this challenge is to intentionally cut off oxygen to the brain with the goal of inducing temporary loss of consciousness and euphoria. Euphoria occurs when pressure is applied, causing a lightheaded dizzy sensation, and when pressure is released, causing a rush sensation. The rush is brief so kids continue to do it, not realizing the potential for brain damage, injury or death. The method of practice that has resulted in most of the reported fatalities across the country involves strangulation, either with use of a ligature or hands or arm pressure on the neck. This method is extremely dangerous, especially if practiced alone. Head trauma, unconsciousness and death as a result of accidental asphyxiation can occur. While the potential intoxicating effects may motivate some youth to engage in this thrill-seeking game, other motives may include: curiosity, peer pressure, the mistaken belief that there is no danger involved because of a dare or because of the easy access to how-to-play videos that give off the misperception that the game is fun and safe. The CDC encourages parents, educators and healthcare providers to be aware of the signs of the game which may include:

- Any discussion of the game by youth
- Bloodshot eyes
- Marks on the neck
- Severe headaches
- Disorientation after spending time alone
- Ropes, scarves and belts tied to bedroom furniture or doorknobs or found knotted on the floor
- Any questions about effects, sensations or dangers of strangulation
- Internet use history relating to the game or any aspects of the game

While the choking game is one of the more dangerous thrill-seeking games, other challenges that have gone viral on YouTube and social media include:

- **The Cinnamon Challenge**- an attempt to swallow a tablespoon of cinnamon within 60 seconds without taking a drink of water. Cinnamon can have a drying effect and prevent saliva from producing, resulting in a choking effect. Choking can also aspirate the powder into the upper airways and lungs and cause an inflammatory reaction.
- **Salt and Ice Challenge**- involves wetting a piece of skin with water and then covering with salt and holding a piece of ice over the salt for as long as possible. The combination creates a chemical reaction and burns skin.
- **The Eraser Challenge**- involves rubbing skin with an eraser as hard as possible while reciting the ABC's or other phrases. This results in burns and skin abrasions which can become infected.
- **Snorting Pixie Sticks or Crushed Smarties**- mimics snorting cocaine or other substances but without the high. Can cause bloody noses and other irritations within the nose. More serious complications include the potential for maggot infestation inside the nasal cavity if the sugary substance isn't cleaned out.

Being aware of how the teenage brain functions and develops can help parents and educators better understand, anticipate and manage adolescent risky behavior. The brain continues to develop until around the age of 24-25. Compared to adults, adolescents are more likely to act on impulse and less likely to think before they act or pause to consider consequences. Because the area of our brain (prefrontal cortex) that controls reasoning and decision making is one of the last to develop, teenagers tend to engage in actions that are more guided by emotion as compared to logic. During adolescence there is also an increased interest in peer relationships and susceptibility to peer influence increases during the early teen years, peaking at about age 14. Research tells us that several areas of the brain make adolescents more sensitive to the rewards of peer relationships compared to adults. Despite this, parents still play an extremely important role in the lives of their kids. Brain differences don't mean that young people can't make good decisions or tell the difference between right or wrong, but it does mean they need guidance and support from caregivers. Below are some conversation points for parents to help educate youth on the dangers of thrill-seeking games and challenges:

- Do your research- learn what you can and teach youth about the dangers of engaging in various types of thrill-seeking games/challenges.
- Talk to youth about logical consequences to dangerous risky behavior
- Have conversations about peer relationships and help youth identify and develop strategies for navigating peer situations that may involve risky activity.
- Talk about peer pressure (both positive and negative)
- Provide youth with alternatives for healthy risk taking, rather than attempting to eliminate risk taking entirely.

References: American Academy of Pediatrics; American Academy of Child and Adolescent Psychiatry; CDC; [www.erikscause.org](http://www.erikscause.org);

NASPA-Student Affairs Administrators in Higher Education.