

Hallucinogens include:

- Psilocybin, found in certain mushrooms called magic mushrooms
- · Mescaline, from the peyote cactus
- · LSD, also known as acid.

Background Information

Natural hallucinogens have been used for centuries by various cultures for their mystical and spiritual associations. People pick mushroom varieties such as 'gold tops' and then cook them or eat them as they would normal mushrooms. Synthetic psychedelics were developed in the twentieth century, becoming popular in the 1960s and early 1970s.

Forms of the drug

Some hallucinogens occur naturally in plant species; others are manufactured in laboratories. They vary widely in their origin and chemical composition.

One of most popular hallucinogens is LSD. LSD is odourless, white and tasteless. It is usually soaked into decorated small squares of absorbent paper and taken orally. Each square represents one dose.

Ketamine (also known as K or Special K) is a dissociative general anaesthetic for human and veterinary use, often described as a horse tranquilliser. It has been increasing in prevalence and use, and is sometimes being used in ecstasy production. While strictly it is a depressant, in higher doses it can cause hallucinogenic effects. Often it is used with other related party drugs, and users report experiencing what they call the "keyhole effect" which is an intense (often shortlasting) feeling of a loss of bodily sensations.

Risks and harms

Physical problems

- Increase in heart rate and rise in blood pressure
- Increased risk for those with cardiac problems
- Fatalities or accidents can occur as a result of 'tripping' in unsafe environments, as a result of people believing they can fly, or freaking out during a bad trip i.e. near

- water or bridges
- Difficulties processing information (brain activity)
- · Damage to memory and concentration
- · Increased risk of liver and kidney damage.

Emotional problems and social problems

- Increased risk-taking behaviour due to feelings of decreased inhibition
- Increased aggression (mainly related to psychosis symptoms) leading to assaults
- · Relationship and family problems
- Poor or reduced study or work performance.

Mental health problems

- Regular use and high doses may cause long-term mental health problems such as suicidal thoughts, panic attacks, severe depression, anxiety and paranoia
- Depression is also common following 'tripping'
- Increased frequency and severity of mood swings
- Intensified disturbing thoughts and paranoia

 Aggravated symptoms of mental illness.
Some users experience unpredictable flashbacks, where they relive the effects of the drug without actually using it. These can sometimes occur years after the drug has been taken.

There is also a risk of experiencing psychosis. The risk is heightened if there is a history of previous psychosis or mental illness.

Collecting and consuming wild magic mushrooms can be risky, as even experienced users have accidentally eaten a poisonous toadstool or species of mushroom.

Dependency

Hallucinogens are rarely used daily or regularly, but when they are, tolerance develops quickly. Tolerance means that higher amounts are needed to be taken to get the same effect as before. Some regular users may develop a psychological dependence. Complications seem to occur through binge use and using hallucinogens with other drugs i.e. amphetamines.

First aid

What to do if someone passes out or experiences other complications:

- People may experience panic attacks or hyperventilate – in this case they may need reassurance and encouragement to slow down their breathing
- If someone begins to have heart palpitations, shortness of breath, wheezing, fitting, severe headaches, blurred vision or begins to exhibit signs of psychosis, move them to a cool quiet place – if symptoms persist call an ambulance (see supporting someone through psychosis)
- If the person is unconscious, turn them on their side to reduce the risk of them vomiting and choking, make sure their airways are clear, and do not leave them alone – call an ambulance immediately on 000 or 112 from a mobile phone (you don't need credit or to be in range)
- If breathing has stopped, give mouth-tomouth resuscitation. If there is no pulse, commence CPR (cardio-pulmonary resuscitation) if you are trained.

Withdrawal

There do not appear to be physical symptoms associated with withdrawal from hallucinogens. Counselling may assist people who experience psychological dependence problems.

Detox and treatment

Phone the Alcohol & Drug Information Service in your State for details of services able to provide advice and support (see rear cover).

Your local health service will also be able to provide advice of local services.

Tips for families

Avoid panicking. Get informed about the effects of these types of drugs.

Keep communicating. Avoid pleading or nagging. Don't only talk about the problem. Choose your moment to express your concern.

The use of hallucinogens can cause mental health symptoms such as paranoia and anxiety. The person may need lots of calm, gentle reassurance.

Know what to do in an emergency, overdose or a psychotic episode. Have contact numbers readily available. If there is violence have a safety plan. Being supportive does not mean you have to be at risk.

It's okay to talk about it. Get support for yourself even if they don't want help.

EFFECTS

Hallucinogens can produce changes in thought, sense of time and mood. The hallucinogen experience, or 'tripping' as it is often called, will vary from person to person. The effects can range from feeling good, to an intensely unpleasant experience, commonly known as a 'bad trip'.

Bad trips can produce feelings of anxiety, fear or losing control. Other effects are a sense of time passing slowly, feelings of unreality or separation from the body, and an inability to concentrate. Intense sensory experiences, such as seeing bright colours and a blurring of the senses and changes in perception, are also commonly experienced. Both positive and negative feelings may be experienced during the same drug experience. Effects of hallucinogens usually begin within half an hour, and are at their strongest in three to five hours, but may be felt for up to 16

Physical effects may be:

- A common perception of being able to 'hear' sights and 'see' smells
- Headache and dizziness
- Loss of perception of time, space and surroundings
- Body sensations such as twitches, feeling weak, numb or shaky
- Nausea and sometimes vomiting
- Changes in thought processes
- Restlessness, anxiety and sometimes even violent behaviour.

Chemically, LSD is very similar to the neurotransmitter serotonin, and the effect of the drug increases the rate of sensory information delivery into the brain, thus essentially flooding it with an excess of sensation. Other effects may include loss of concentration and out-of-body experiences.

Blind subjects who take LSD in experimental situations do not experience any visual illusions at all. Hallucinations are usually warped visual exaggerations of normal visual input to the brain, and could be more properly referred to as illusions.

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