

Hallucinogens

What are hallucinogens?

There are two types of hallucinogens.

LSD is a psychedelic drug that may be synthesised from lysergic acid (a naturally occurring ergot alkaloid) and diethylamine. It can produce changes in mood, perception, consciousness and thought. LSD is usually prepared as a liquid but is most frequently sold on small pieces of blotting paper known as tabs. They are taken orally, often held under the tongue until the paper dissolves. It is also sold as a liquid or soaked in sugar cubes.

There are many hallucinogens that occur naturally, such as psilocybin ('magic mushrooms'), DMT (dimethyltryptamine), datura and mescaline (peyote cactus).

Psilocybin is a hallucinogenic chemical found in some varieties of mushrooms. It belongs to the same chemical family as LSD so its effects are quite similar. While the psilocybin mushroom is native to Mexico, other species grow in other parts of the world and there are several species growing wild in Australia. It is dangerous to pick and eat wild mushrooms because it is difficult to distinguish these mushrooms from the poisonous look-alikes.

Poisonous mushrooms can cause stomach pains, vomiting and diarrhoea, while some can lead to permanent liver damage, respiratory failure, unconsciousness and even death; symptoms can take up to 40 hours to develop.

DMT is a powerful hallucinogenic drug found in certain plants in the West Indies and South America. The chemical structure of the drug is very similar to that of psilocybin. In Australia, most DMT bought on the street is a synthetic equivalent. It can, however, be found in the bark of a number of commonly occurring trees as well as a number of other plants. In its pure form it is a crystal, though on the street it is usually in powder form.

How many people use hallucinogens?

Australian general population

Use of hallucinogens is increasing in Australia, particularly among 20-29 year olds. According to the 2010 National Household Survey data 1.4% of the Australian general population aged 14 years and above have used hallucinogens in the past 12 months (which includes synthetic hallucinogens such as LSD and naturally occurring hallucinogens such as magic mushrooms). This is a significant increase from 2007 when 0.6% of the population reported recent use. Recent use has increased most among 20-29 year olds with 4.6% of this age group reporting recent use compared with 2.1% of 20-29 year olds in 2007. In 2010 8.8% of Australians reported ever having used hallucinogens compared with 6.7% in 2007.

Secondary school students

Three percent of Australian secondary school students have ever tried hallucinogens, with 2.4% reporting hallucinogen use in the past year.

Short term effects

The short term effects of both LSD and naturally occurring hallucinogens include vivid perceptual distortions, a distorted sense of time and place, poor co-ordination, increased body temperature and sweating and/or chills, and a lack of control over thinking processes and concentration. Unpleasant reactions to LSD may include fear, anxiety and depression. More experienced users may still experience these reactions. The effects produced by hallucinogens and the reaction to these effects can differ greatly among individual users.

Long term effects

The most frequently discussed long term effect of using LSD and other hallucinogens is experiencing flashbacks. A flashback is a spontaneous recurrence of a specific experience which occurred while taking the drug. Three types of flashbacks have been identified: perceptual (for example, greater intensity of colour, faces changing shape, insects crawling); somatic (recurrent states of altered bodily sensations such as pain); or emotional (experiencing loneliness or depression). These are usually brief but can occur for days, weeks or even years after taking the drug. Psychiatric disturbances such as prolonged psychosis, depression, personality disruption and post-hallucinogen perceptual disorder have been attributed to prolonged use of LSD. Other long term effects include decreased memory and anxiety. Studies evaluating a link between LSD use and the development of schizophrenia or affective disorders suggest no link, though use could precipitate or accelerate (bring on) pre-existing psychiatric illness.

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<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/school08>