

Drugs and Alcohol Awareness Training

Prepared and presented by Josie Pavey, for Channah Thailand

Alcohol (Depressant)

What is it?

Alcoholic drinks consist of water and ethyl alcohol (ethanol) produced by the fermentation of fruits, vegetables or grain. Beer is about one part ethanol to twenty parts water (5%ABV), wine is about twice to four times as strong (10-13%ABV); spirits (whisky, rum, gin) consist of almost half ethanol, the rest water (40%ABV). ABV means 'alcohol by volume' – the percentage of the total liquid that is alcohol. Alcohol consumption can be measured in units – one hour is roughly the time the body takes to process one unit of alcohol [one pint of normal strength beer equals roughly two units, one shot of spirits/a glass of wine equals one unit].

Method of Use:

Oral consumption

Short Term Use:

Alcohol is absorbed into the bloodstream, and starts to have an effect within five to ten minutes, and can last for several hours depending on dose, speed of consumption, strength, whether there is food in the stomach, body weight, mood, culture, sex of the drinker. The effects will also depend upon how much the person is used to drinking, as tolerance develops.

After about two pints of beer, most people would feel less inhibited and more relaxed. Emotional reactions range from jovial to aggressive. Efficiency of mental and physical functioning is reduced. With more alcohol, drinkers would become increasingly uncoordinated, and begin to slur words. Emotional reactions can become exaggerated and variable, possibly leading to double vision, loss of balance and unconsciousness.

Long Term Use:

As with most drugs, effects are related to dose; some of the extreme forms of damage (liver cirrhosis), are only commonly seen after substantial tolerance has developed, and the individual has become heavily dependent (often referred to as 'alcoholic'). Damage may occur as a direct result of alcohol in the body, or because of the lifestyle associated with or encouraged by heavy drinking (alcohol supplies calories but no other dietary essentials, which can encourage obesity with deficiencies in supply of protein and vitamins).

Heavy drinking can result in incapacitating brain damage, stomach, liver disorders. Excessive drinking commonly aggravates family, personal and financial problems, sometimes contributing to family breakdown, repeated violence or other forms of crime associated with a loss of self-control.

Sudden withdrawal from heavy use of alcohol produces sweating, anxiety, trembling and delirium ('DTs', or Delirium Tremens), and can result in convulsions, coma and death.

Women drinking six or more units per day while pregnant may give birth to babies with withdrawal symptoms, facial abnormalities and lasting retardation of physical and mental development ('foetal alcohol syndrome').

Alcohol, more than any other drug, is used in conjunction with other substances.

Alcohol exaggerates the effects of other drugs, which depress the Central Nervous System (benzodiazepines, barbiturates, opiates, solvents, cannabis). This can result in unconsciousness and overdose. Vomiting whilst unconscious is a common cause of drug-related death.

Benzodiazepines (Depressants)

What is it?

Benzodiazepines (benzos) are the most commonly prescribed minor tranquillisers, known as anxiolytics (for day-time anxiety relief) and hypnotics (to promote sleep).

Method of Use:

Benzos are manufactured as powders and formed into a number of different pills and capsules taken by mouth (Temazepam can come as a gel taken in a capsule, which has been widely injected by drug users, thus it has now been banned from prescription in this form). Some IV users crush tablets and prepare for injecting. It can also be injected into the muscle, or taken in suppository gel form.

Short Term Use:

Benzos depress mental activity and alertness, but are effective in doses that do not generally make people drowsy or impair clarity of thought as much as barbiturates. Some people do feel drowsy and lethargic, and may be forgetful after first taking them. These initial effects usually disappear after about a week of regular use. They relieve tension and anxiety, and induce feelings of calmness and relaxation. They do not generally produce positive feelings of pleasure or well being (which accounts for their lack of popularity as recreational drugs).

Diazepam is an exception to this rule and can produce mild euphoria lasting 3-6 hours. When mixed with other drugs, especially alcohol, the user will experience effects of extreme intoxication, losing inhibitions, appearing very drunk. Fatal overdose is much more likely when benzos are taken in combination with other drugs, particularly other depressants.

Long Term Use:

Tolerance develops rapidly – after about two weeks benzos may become ineffective as sleeping pills, and after four months, ineffective against anxiety. It is estimated that about half of those people continually taking benzos do so because of dependence rather than because the drug is still medically effective.

Dependence is largely psychological, there may be severe anxiety and panic if the drug is temporarily unavailable. Sometimes severe withdrawal symptoms can occur if tolerance or stressful life events have led to an increase in dose. Mild withdrawal

symptoms can occur after a few years' of treatment with normal therapeutic doses, and in the majority after 6-8 years. Withdrawal effects on sudden cessation tend to take a few days to appear and can last for two-three weeks.

Withdrawal symptoms can include, insomnia, anxiety, perceptual hypersensitivity, tremors, irritability, nausea, vomiting, mental confusion, and life-threatening convulsions.

Note: the withdrawal symptom often mirrors the original complaint (thus doctors may be tempted to continue prescribing).

Opiates / Opioids (Depressants/pain reducers)

Names (scientific and brand names in brackets):

Heroin (dia (cetyl) morphine)

Methadone (Physeptone)

Opium - from the poppy 'Papaver Somniferum' or 'sleep-inducing' poppy.

Morphine – from 'Morpheus' Greek God of sleep and dreams.

Codeine

Dihydrocodeine – DF118

Other Opiates – dipipanone (diconal, 'dickies', 'dike'), hydromorphone (palladone), buprenorphine (Subutex / Temgesic), pethidine, dextromoramide (palfium), diphenoxylate (Lomotil), alfentanil (Rapifen), oxycodone (oxycontin)

What is it?

Opiates are a group of drugs derived from the opium poppy. Synthetic drugs of this type are called 'opioids'. As well as being prescribed for analgesia (pain relief), opiates have medical uses as cough suppressants and anti-diarrhoea agents.

The relative speed of action of heroin and the relative absence of undesirable side-effects associated with other opiates (nausea, vomiting and constipation) have made it the opiate preferred by many drug users, while its potency relative to other opiates makes smuggling of smaller amounts more profitable.

Method of Use:

Opiate powders can be swallowed or dissolved in water and injected. Heroin is rarely swallowed (as this is relatively ineffective). Heroin can also be sniffed or smoked.

When smoked, heroin powder is heated on tin foil and the fumes inhaled through a tube (known as 'chasing' or 'chasing the dragon'). Smoking is the quickest way of getting a 'hit'. As with other drugs intravenous injection maximises the effects, and is the best way of getting a lot of the drug to the brain rapidly. Opiates can also be injected into the muscles (intramuscular) or the skin (sub-cutaneous / 'skin-popping') but both methods are less efficient than IV injecting and carry the risks of infection and disease (cellulitis, Deep Vein Thrombosis (DVT), abscesses) associated with injecting.

Opium is either eaten or smoked.

Methadone comes in a drinkable form, which along with its longer period of action is a main reason for it being offered as a treatment option.

Short Term Use:

Opiates, like sedatives, depress the Central Nervous System activity including reflex functions such as coughing, respiration and heart rate. They also dilate blood vessels (giving a feeling of warmth) and depress bowel activity, resulting in constipation. Opiates tend to cause 'pinned pupils' (smaller). Even at levels sufficient to produce euphoria, there is little interference with sensation, motor skills or intellect. At higher doses, sedation takes over and the user becomes drowsy and contented. Excessive doses produce stupor and coma. Death from respiratory failure is possible, but unlikely unless there are contributory factors, such as other depressant drugs used at the same time. Loss of tolerance or unexpected potency. There can also be fatal reactions to injected adulterants. With the uncertain composition and purity of street heroin, adverse reactions are an ever-present possibility.

There is much confusion about the initial heroin experience. A large proportion of people report drowsiness, warmth, well-being and contentment. Pleasurable feelings are associated with the fact that opiates produce relaxed detachment from the impact of pain and anxiety, and from desires for food and sex. Along with (or instead of) these reactions, first use particularly injection is often accompanied by nausea and vomiting. These unpleasant reactions dissipate and disappear with repeated doses.

IV injection intensifies effect and produces a short-lived burst of pleasurable sensation ('rush'). Injection into the muscle or under the skin along with sniffing heroin gives a slower and less intense effect.

When smoked the effects of heroin come on about as quickly as IV use but are less intense as the available dose is used over a period of time rather than injected all at once.

Long Term Use:

Tolerance develops to opiates such that someone in search of frequently repeated euphoria must increase the dose and/or change their method of administration. However there comes a point where no further increases in dose can restore the positive effects of the drug and it is taken just to feel normal.

IV use maximises the effects of a given amount of heroin and produces a much more intense and immediate experience. Thus as tolerance develops and perhaps as money runs short, there may be a tendency to move from sniffing or smoking heroin to injection. As tolerance also develops to the respiratory depressant effects of opiates, gradual escalation of dose does not in itself lead to risk of death through overdose (unlike barbiturates). However fatal overdose can happen when users come back to using after a break during which tolerance has faded (this can be just a few days).

After as little as several weeks on high doses, sudden withdrawal results in a variable degree of discomfort, generally comparable to a bout of influenza. The effects start 8-24 hours after the last 'fix' and include aches, tremor, sweating and chills, sneezing and yawning, muscular spasms. They generally fade in 7-10 days but feelings of weakness and loss of well-being last for several months. Abrupt opiate withdrawal is rarely life threatening and is considerably less dangerous than withdrawal from alcohol.

Physical dependencies are not as significant as the strong psychological dependence developed by some long term users. Dependence of any kind is not inevitable and some people use heroin on an occasional basis.

The physiological consequences of long term opiate use are rarely serious in themselves. They include respiratory complaints, constipation and menstrual

irregularity. At higher doses chronic sedation can occur, but at moderate doses users can function normally. However, the consequences of injecting opiates and of a drug using lifestyle can be very serious. Among regular injectors there is commonly physical damage associated with poor hygiene and injection of adulterants (respiratory disease, skin lesions, tetanus, as well as running the risk of the spread of blood born viruses such as AIDS and Hepatitis 'B' and 'C' if equipment is shared). Decreased appetite and apathy can contribute to disease caused by poor nutrition, self-neglect and bad housing. Repeated heroin sniffing may damage structures in the nose.

On the other hand, users in receipt of opiates on prescription and who maintain a stable, hygienic lifestyle can be virtually indistinguishable from non-drug users, and suffer no serious physical damage. Opiate use during pregnancy may result in smaller babies who may suffer withdrawal symptoms (which can be treated) after birth. Immediate cessation is not recommended in this case, and a gradual reduction is the preferred method of treating the pregnant user.

Heroin is often mixed with other drugs (such as a 'speedball' – a heroin and cocaine cocktail combining stimulant and depressant effects). Mixing heroin with other drugs can be dangerous and increases the likelihood of overdose, particularly when combining two or more depressants (such as alcohol, benzodiazepines – valium, temazepam, barbiturates). This is also how using on top of a script can prove dangerous.

Cocaine and Crack (Stimulants)

What is it?

Cocaine hydrochloride is a white powder derived from the leaves of the Andean coca shrub, *Erythroxylum coca*. It has powerful stimulant properties.

Crack is '*freebased*' cocaine produced by a reaction with baking soda, heat and water producing rocks of cocaine about the size of a raisin.

Method of Use:

The cocaine leaf has been chewed in South America for over 3000 years. In the West, Cocaine is most commonly sniffed up the nose through a tube and absorbed into the blood supply via the nasal membranes. It can also be injected, often with

heroin (*snowball*) or ingested. Cocaine is also smoked through a process called *'Freebasing'* where the cocaine is *'washed'* or *'freed'* from the hydrochloride with ammonia or ether.

'Crack' is usually smoked in a pipe, but can also be crushed and injected. The name comes from the fact that washing with bicarbonate of soda is not as efficient as with ammonia or ether (but easier to do at home and markedly less dangerous) at *'freeing'* the *'base'*, and residues of salt and bicarb are left, causing it to crackle when smoked.

Cocaine can also be used in combination with other drugs, such as CK1 (mixed with ketamine), PCP (also known as *'spacebasing'*) and amphetamine sulphate (*'speed'*) to produce a smokeable crystal (a pinkish *'rock'*).

Short Term Use:

Cocaine produces physiological arousal, exhilaration, feelings of well-being, decreased hunger, indifference to pain and fatigue, feelings of physical strength and mental capacity. Sometimes these desired effects can be replaced by panic and anxiety.

When sniffed, the psychological effects peak after about 15-30 minutes, and then diminish often resulting in repeat doses to maintain effect (the drug is often described as *'moreish'*). When smoked as crack, the effects are almost immediate, more intense but more short-lived. Large doses or many doses in a short period can lead to an extreme state of agitation, anxiety, paranoia, and in some cases hallucination. These *'psychotic'* effects generally resolve themselves as the drug is eliminated from the body.

The after-effects of cocaine use include fatigue and depression, and are said to be stronger when using crack. Excessive doses can cause death from respiratory or heart failure, but these are rare. Cocaine is often adulterated with other substances, which may be harmful when injected.

Long Term Use:

Neither tolerance nor heroin-like withdrawal symptoms occur with repeated use of cocaine, but users may well develop a strong psychological dependence, and dosage often increases in an attempt to maintain feelings of well-being. After

discontinuing, the user will feel tired, sleepy and depressed, all of which reinforce the feeling to repeat the dose. Dependence is more likely and more severe and its onset more rapid if cocaine is smoked. With chronic frequent use unpleasant symptoms such as restlessness, nausea, hyper excitability, insomnia, weight loss and sometimes a state of mind similar to paranoid psychosis can appear.

Repeated sniffing damages the membranes lining the nose and may also damage the structure separating the nostrils. Repeated smoking may cause respiratory problems such as cracked, wheezy breathing and loss of voice. Long term injecting carries its own special risks of this method of administration (particularly as cocaine acts as a local anaesthetic, numbing injection areas) such as abscesses, infections, spread of blood borne viruses such as HIV and Hepatitis. Risk of overdose is increased when '*speedballing*' (using heroin and cocaine together).

When used with alcohol, cocaine reacts in the liver to form a substance called coca ethylene. Research suggests that the combined effects on the heart, which raises blood pressure and therefore sensitivity to drugs, and the increased length of time coca ethylene stays in the body (3 times as long as cocaine alone) will prolong psychosomatic effects and lead users to seek these drugs in combination.

Amphetamines (Stimulants)

What is it?

Amphetamines are synthetic stimulants similar in structure to a naturally occurring brain chemical called norepinephrine. There are three types of amphetamine – the strongest is methyl (meth) amphetamine, (Yabba), followed by dexamphetamine (dexedrine), and laevo or d'l-amphetamine.

Amphetamine sulphate (speed) is usually a mixture of laevo and dexamphetamine, '*cut*' (with chalk, glucose, caffeine) to a strength of around 10-12%.

Two potent versions have recently grown in popularity particularly in the U.S. Amphetamine base which comes as a paste is a form the drug takes during manufacture previous to being crystallised into a powder, and can be 50% or more pure amphetamine. Methamphetamine or Ice in crystalline form is a smoke able or injectable form of amphetamine powder (similar to its relation to speed as crack is to cocaine).

Method of Use:

Speed can be snorted, smoked, 'dabbed' (orally consumed by dabbing small amounts on to the finger and then rubbed on to the gums or in the mouth), dissolved in soft drinks, wrapped in a cigarette paper and swallowed ('bombed'), or injected.

Short Term Use:

Amphetamines arouse and activate the user in a similar way to the body's natural adrenaline 'Flight or Fight' response. Breathing and heart rate speed up, the pupils widen, the appetite lessens. The user feels more alert, energetic, confident and cheerful, less bored or tired. With higher doses, intense exhilaration, rapid flow of ideas and feelings of greatly increased physical and mental capacity are common. For some, especially as the body's energy stores become depleted, feelings of anxiety, irritability, and restlessness result.

Regular high doses can produce delirium, panic, hallucinations, and feelings of persecution known as Amphetamine Psychosis. This gradually disappears as the drug is eliminated from the body.

The effects of a single dose last for 3-4 hours, and leave the user feeling tired. It can take a couple of days for the body to recover fully, even after small doses.

Long Term Use:

Long term regular use can lead to a psychological dependence. On cessation the user is likely to feel very depressed, lethargic and hungry (amphetamines merely postpone fatigue and hunger, they do not satisfy the needs of the body and mind for rest and nourishment). However, physiological processes are not severely disrupted on cessation.

Tolerance develops to the stimulant effects of amphetamines; so frequent users often increase the dose. Toxic effects such as delusions, hallucinations, paranoia can develop and can take months after cessation to recover. Heavy prolonged stimulant use debilitates the user due to lack of sleep and food, and lowers resistance to disease.

Users injecting run the risks associated with this method of use such as abscesses, infections, HIV and blood borne viruses such as Hepatitis.

Used in combination with other drugs, the effects of the cocktails are harder to predict and thus the risks of overdose are higher.

Methamphetamine (stimulant)

Description:

White, off white, yellow powder, or same colour crystals.

Supply:

Not primarily derived from plant source so does not require long supply routes like heroin and cocaine. Chemicals are more readily available than most street drugs i.e. packet of certain decongestant is enough to make $\frac{3}{4}$ gram which could be sold for £50-£80. UK. Meth is currently imported either from the Far East or from former ecstasy manufactures (mainly base in Belgium and Netherlands) who have switched from MDMA production. Police reports from London suggest UK based labs are starting to appear.

Ingestion routes:

Smoking (in pipes same as Crack and on tin foil), injected, snorted or swallowed.

Dosage:

Overdose can occur at relatively low levels, 50 milligrams of pure drug for a non-tolerant user. Different peoples' metabolisms work at different rates, and drug strengths vary, so there is no way of stating a "safe" or "unsafe" level of use. Cause of death is usually heart attach or stroke.

Patterns of use:

Heavy ongoing use is less feasible than with most drugs due to the serious physical and mental health problems that are likely to stem from it and the increase in tolerance. So use tends to be sporadic and bingeing rather than ongoing for long period of time.

Physical effects:

Methamphetamine is a stimulant which increases nervous system activity and acts to tighten blood vessels, causes pupil dilation, elevated blood pressure and heart rate, sweating, restlessness, appetite suppression, tooth grinding, hyper-excitability and insomnia.

Methamphetamine is four times stronger weight for weight than amphetamine sulphate and has a significantly longer duration. It can be smoked like crack but whilst the crack 'high' lasts about ten minutes, the meth 'high' lasts for about eight hours. Onset can be immediate if injected. The downside is a much bigger crash, which begins after eight hours and can last for a further eight to 12 hours. With chronic use the crash can last a week or more.

Meth users are unpredictable and may suffer auditory and visual hallucinations; they may develop sores, believing there are insects underneath their skin, which they try to pick out.

Behaviour is likely to be compulsive and repetitive with signs of psychosis. Agitations and inability to concentrate, increased heart rate and blood pressure, palpitations are common at high dose and can occasionally lead to heart attack and stroke.

Overheating, insomnia, poor diet, stress, damage to teeth, paranoia and skin picking are common.

Psychological effects:

Range from euphoria to increased violence and aggression, psychotic behaviour, auditory hallucinations, delusions and paranoia. Inhibitions tend to be lessened, and there is some evidence of increased incidences of unsafe sex and HIV infection.

Ecstasy (Stimulant – Hallucinogenic amphetamine)

Names:

'E', MDA, MDMA (3,4-methylene-dioxy-methylamphetamine), MDEA, TMA, PMA, DOM

What is it?

Ecstasy or MDMA is classified as a hallucinogenic amphetamine, a group of drugs with effects roughly combining those of amphetamine and LSD. Often tablets sold as Ecstasy contain little or none of the drug itself but might be concoctions of drugs such as ketamine, LSD or amphetamine.

Method of Use:

Ecstasy is usually sold in pill form or as capsules with various shapes colours and logos (such as doves and cars). It is also available in powder form.

Short Term Use:

MDMA is effective at the moderate single dose level of 75-100mg. Effects are experienced after 20-60 minutes and can last several hours. Pupils become dilated, the jaw tightens, and there is usually brief nausea, dry mouth and throat, sweating, some rise in blood pressure and heart rate, and loss of appetite. Coordination can prove difficult.

Once the effects of the drug have worn off, fatigue and depression similar to that experienced on cessation of amphetamines can result. Using Ecstasy produces similar symptoms to heatstroke (a possible reason for most of the 80-100 deaths that have taken place). In a few cases users have died from the effects of excess water intake in the belief that this would protect against the side effects of ecstasy. Experience tends to be linked with what mood the user is in, both good and bad moods being heightened by the drug.

Users report a mild '*rush*', followed by feelings of serenity and calmness, and the dissipation of anger and hostility. The drug appears to stimulate empathy between users. MDMA inhibits orgasm in men and women and may inhibit male erection. MDMA heightens perception without usually being hallucinogenic. Most of the bad experiences have been reported by those using higher doses over a period of time, and include anxiety, panic, confusion, insomnia, psychosis, visual and auditory hallucinations.

Long Term Use:

Some long term users have reported an increased susceptibility to colds, flu and sore throats. MDA seems to be hard on women, and it is felt that these drugs could adversely affect the immune system. There have been indications of liver damage but it is unclear as to whether this is caused by the drug or as a consequence of heatstroke.

Tolerance develops to the effects of MDMA, but there is no physical dependence, and no evidence that Ecstasy is used compulsively on a long-term basis. Research on users who have taken Ecstasy over 200 times suggests that regular high doses

can produce lasting changes in brain serotonergic systems (serotonin like dopamine is a brain neurotransmitter, and is associated with psychiatric syndromes such as depression and anxiety).

Those suffering from high blood pressure, heart disease, glaucoma, epilepsy or a mental condition should avoid Ecstasy use. Alcohol tends to dehydrate the body and thus is generally not taken at the same time as ecstasy.

Cannabis (Hallucinogen)

What is it?

There are three varieties of the Cannabis plant – Sativa, Indica and Ruderalis. It is a member of the Mulberry family. The most important psychoactive ingredients are tetrahydrocannabinols (THC). They are concentrated in resin exuded mainly at the tops of the plant (in buds – only from the female plant).

Hashish is a common form made from resin scraped or rubbed from the plant, and then compressed into brown blocks.

Herbal cannabis (marijuana) is a less strong preparation of the dried plant material. Nowadays there are types of cannabis grown that yield a very high THC content, these are collectively known as 'skunk', of which there are many different types (Northern Lights, White Widow, Shiva, Big Bud, Sensi skunk, Jack Herrer etc). These plants are often grown hydroponically (under lights and fed with chemicals).

Method of Use:

Cannabis is most commonly smoked, often in conjunction with tobacco in a 'joint' (spliff) but also in a pipe or 'bong' (cooled through a liquid). A block of hash is usually heated, then crumbled into a joint, or can be put into food, often in the form of 'hash cakes'. Cannabis can also be used in drinks such as 'bhang'.

Short Term Use:

Effects depend largely on expectations, motivations and mood of the user, on the amount used, and on the situation in which it is used. Most people do not experience very much at first (perhaps a bloated feeling and nausea, head spinning). The most common effects are that of relaxation, talkativeness, bouts of hilarity, and greater

appreciation of sensory experiences (sound, colour, taste). Feelings of hunger are common, and among some inexperienced users, there may be anxiety and paranoia.

With higher doses, there may be perceptual distortion, forgetfulness, and confusion of thought processes. Temporary and in some cases severe psychological distress and confusion can occur. Heavy use among those with latent or pre-existing mental disorders may aggravate the condition. There is virtually no danger of fatal overdose.

Effects begin a few minutes after smoking and may last between 1-3 hours depending on dose. When eaten or drunk, cannabis takes longer to have an effect, but the effect lasts longer (dose cannot be regulated as easily as when smoked, so unpleasant reactions are harder to avoid).

Long Term Use:

There is still no conclusive evidence that long term cannabis use causes lasting damage to physical or mental health. However it is probable that long term smoking of cannabis helps cause bronchitis and other respiratory disorders.

Cannabis does not produce physical dependence, though regular users can feel a psychological need for the drug, or may rely on it as a social lubricant (also if smoked in combination with tobacco then other health implications come into account).

Heavy users may appear apathetic, lack energy, though there is no evidence of special cannabis 'a motivational syndrome'. Prolonged heavy use occasionally causes a temporary psychiatric disorder including mental confusion and delusions (cannabis psychosis). Heavy cannabis use inhibits fertility and may adversely affect the production of sperm.

Magic Mushrooms (Hallucinogen)

What Is It?

There are about 3000 types of fungus, over 180 of which contain psychedelics, and about ten species of hallucinogenic mushrooms that grow in Britain. The two main types are the Liberty Caps containing Psilocybin, and the Fly Agaric (*Amanita Muscaria*) containing ibotenic acid and muscimol.

Method of Use:

Either eaten raw or dried out and stored for later use. They can also be made into a tea and drunk.

Short Term Use:

Effects of mushrooms – like other hallucinogens – are very dependent on mood, mindset, company and location ('Set and Setting') of the user. Effects come on after about half an hour and can last for up to nine hours, depending on how many are taken. Effects such as laughter, confidence, sickness, nausea, stomach aches, mild hallucinations, visual and sound distortions can occur. Mushrooms are often described as a 'natural high'. Also similar to other hallucinogens, users can also experience 'bad trips' which can include paranoia, anxiety and fear.

Fly Agaric use is more likely to have unpleasant effects of nausea, sickness, stiffness of joints and lack of coordination. Dose is much more important – too much could result in death and may well lead to disorientation and convulsions.

Long Term Use:

Tolerance develops very quickly to mushrooms; so many more will be needed to produce similar effects if taken daily. Most users tend to use occasionally.

Physical dependence and withdrawal symptoms do not result from regular use, but there may be some psychological dependence to the effects of mushrooms. There is no firm evidence of health damage from long term use.

The most serious risk comes from picking the wrong type of mushroom, which can result in poisoning. Poisonous types of mushroom such as Amanita Phalloides and Amanita Virosa could prove fatal.

Drugs and the Law

Regionally Dependant

Drug and Alcohol Services

Regionally Dependant