



NEWS RELEASE from the EU drugs agency in Lisbon

RESPONDING TO 'MAGIC MUSHROOM' USE IN AN ELECTRONIC AGE

Magic mushroom business presents law-makers with dilemmas

(7.6.2007, LISBON) 'Hallucinogenic mushrooms were among the first psychoactive substances consumed by man. But today they present us with a new dilemma', says **EMCDDA Director Wolfgang Götz** in the latest edition in the agency's policy briefing series ***Drugs in focus*** out today.

Entitled ***Hallucinogenic mushrooms: the challenge of responding to naturally occurring substances in an electronic age***, the briefing raises questions such as: 'How to effectively regulate such a complex group of naturally occurring products?' 'How to apply controls when they are promoted and sold globally via the Internet?' and 'What can be done when regulatory actions may simply result in suppliers switching to alternative and possibly even more damaging products?'

Hallucinogenic mushrooms (commonly known as 'magic mushrooms') grow wild in many parts of Europe, but the information available suggests that most of those used for their psychoactive properties are cultivated. Naturally occurring hallucinogens ⁽¹⁾ can be found in over 100 species of mushroom, most of which contain psilocybin and psilocin (or psilocin) as the main active ingredients responsible for the hallucinogenic effect.

Although these two active ingredients are controlled under the **1971 UN Convention on Psychotropic Substances**, some countries were initially unsure how to classify mushrooms containing these agents. This confusion has been exploited by retailers and has thwarted efforts to control supply.

Recent changes in legislation

Since 2001, six EU countries have tightened controls on psilocybin- or psilocin-containing mushrooms in response to concerns regarding prevalence of use: **Denmark** (2001), the **Netherlands** (2002), **Germany**, **Estonia**, **UK** (2005) and **Ireland** (2006). But law-making on this topic has been complicated.

Legislators in **Ireland** and the **UK** for example, not wishing to unjustly prosecute those on whose land such mushrooms grow wild, outlawed them when 'treated or prepared' (indicating intent of use). Similarly, in the **Netherlands**, these mushrooms were placed under control when 'dried or processed'. However, such legal loopholes led to 'smart shops' simply selling the fresh variety.

The **UK** changed its legislation in 2005 and now controls psilocybin- or psilocin-containing mushrooms with no mention of their state. On the premise that a mushroom is not strictly a 'plant', the **German** law was amended in 2005 to prohibit the cultivation or sale of 'organic' substances from which narcotic substances can be extracted, thus closing any possible loophole for fungi.

In some countries, stricter legislation is helping to prevent diffusion of the trend. Reports in the **UK**, for example, suggest it has had an impact on the availability of this variety of mushroom and the overall volume of Internet sales. But these new controls may only be partially effective as retailers switch to the sale of legal alternatives such as some species of *Amanita* mushrooms (e.g. *Amanita muscaria*'fly agaric' and *Amanita pantherina*), which can be more toxic than the psilocybin- or psilocin-containing variety and can cause fatal poisoning.

Today's briefing states that: 'Although strengthening legal control measures may be an approach to limiting the use and availability of hallucinogenic mushrooms, the impact of any measures needs to be carefully monitored both to assess their effectiveness and to avoid the risk of unintended negative consequences.'

Health risks and prevention

The number of fatal and non-fatal emergencies related to the use of psilocybin- or psilocin-containing mushrooms use is very low. Generally physical effects are short-lived and not significant (e.g. dizziness, nausea, shivering), although more pronounced symptoms have also been recorded (e.g. severe stomach pain, persistent vomiting).

Users tend to contact emergency services due to mental health effects such as 'bad trips'. In such cases, intoxicated individuals are usually severely agitated, confused and disoriented, with impaired concentration and judgment. In serious cases, acute psychotic episodes may occur, including severe paranoia and total loss of reality, which may lead to accidents, self-injury or suicide attempts. User accounts of unpredictable potency, bad taste and negative effects may all contribute to limiting their recreational or repeated use.

Drug prevention programmes often provide information on hallucinogenic drugs alongside other drug information but, as yet, there appears to be a gap in the provision of prevention materials relating exclusively to magic mushroom use and similarly in materials available for professionals working with young people. On this note, the briefing states that: 'The Internet allows increasing opportunities for promoting and selling hallucinogenic mushrooms, but also for providing information about health risks'.

Notes

(¹) The hallucinogens are a chemically diverse class of drugs that are characterised by their ability to produce distortions in sensations and to markedly alter mood and thought processes.

On 26 June 2006 the EMCDDA released a report 'Hallucinogenic mushrooms: an emerging trend case study', as the first in a series to be published under the EMCDDA pilot project to help detect, track and understand emerging drug trends in Europe ('European Perspectives On Drugs'/E-POD).

The report is available at <http://www.emcdda.europa.eu/?nnodeid=7079>.

See news release No2/2006 at <http://www.emcdda.europa.eu/?nnodeid=24055>

A further EMCDDA study on the 'Legal status of hallucinogenic mushrooms' is available, see 'Topic overviews' at <http://eldd.emcdda.europa.eu>

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